

<b>Case Number:</b>	CM15-0098267		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old male who sustained a work related injury November 10, 2014. He fell from a ladder approximately four feet, landing on his left leg and through a wall. He was diagnosed with a left distal fibula fracture, as well as onset of low back and left knee pain. He was placed in a left ankle cast for approximately 2 months. According to an initial primary treating physician's orthopedic spine surgery consultation, dated March 30, 2015, the injured worker presented with low back, left hip, left knee and left ankle pain, all rated 5/10. Assessment is documented as lumbar strain; left hip contusion; left hip pain, rule out labral tear; left knee contusion with patellofemoral degenerative joint disease; left ankle sprain with residual pain. Treatment plan included, at issue, a request for authorization for Norco, chiropractic therapy for the lumbar spine, left knee Synvisc injection, MRI of the left hip, and physiotherapy for the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI scan of the left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging).

**Decision rationale:** The patient presents with low back pain, rated 5/10, hip pain, rated 5/10, left knee and left ankle pain, rated 5/10. The request is for MRI scan of the left hip. Physical examination to the lumbar spine on 03/30/15 revealed tenderness and spasm to palpation over the mid to low lumbar spine bilaterally. There was decreased sensation over the left L5 dermatome distribution. Patient's treatments have included medication, x-rays, MRI of the lumbar spine, chiropractic care and physical therapy. Patient's diagnosis, per 02/20/15 progress report, patient's diagnosis includes lumbar sprain, hip bursitis, hip pain and strain, and greater trochanter bursitis. Per 03/30/15 progress report, patient's medication includes Hydrocodone. Patient is temporarily partially disabled. MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films. " "Indications for imaging Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities. Osteonecrosis. Occult acute and stress fracture. Acute and chronic soft-tissue injuries. Tumors Exceptions for MRI: Suspected osteoid osteoma (See CT). Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3. 0-T magnets. )" In progress report dated 03/30/15, treater's reason for requesting an MRI of the left hip is to rule out labral tear. Based on provided medical records, it does not appear patient had MRI of the hip. Physical examination to the left hip on 03/19/15 revealed tenderness to palpation in the hip and greater trochanteric bursa. Range of motion was full and there was no pain throughout the range of motion test bilaterally. There are no discussions or mention of suspected osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; or tumors, which would indicate MRI of the hip/pelvis according to ODG. The request is not in accordance with guideline indications. Therefore, this retrospective request is not medically necessary.

**Physiotherapy for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with low back pain, rated 5/10, hip pain, rated 5/10, left knee and left ankle pain, rated 5/10. The request is for physiotherapy for the left ankle. Physical examination to the lumbar spine on 03/30/15 revealed tenderness and spasm to palpation over the mid to low lumbar spine bilaterally. There was decreased sensation over the left L5 dermatome distribution. Patient's treatments have included medication, x-rays, MRI of the lumbar spine, chiropractic care and physical therapy. Patient's diagnosis, per 02/20/15 progress report, patient's diagnosis includes lumbar sprain, hip bursitis, hip pain and strain, and greater trochanter bursitis. Per 03/30/15 progress report, patient's medication includes Hydrocodone. Patient is temporarily partially disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up

to 3 visits per week to 1 or less), plus active self-directed home. Physical Medicine. " MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "In progress report dated 03/30/15, treater is requesting physical therapy two times a week for three weeks. In progress report dated 03/19/15, treater states that the patient has 4 sessions of physical therapy left. However, there is no discussion of benefits and functional gain from physical therapy. Furthermore, there is no discussion as to why additional therapy is needed and why the patient cannot transition to a home-based exercise program. Therefore, the request is not medically necessary.

**Chiropractic therapy for the lumbar spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The patient presents with low back pain, rated 5/10, hip pain, rated 5/10, left knee and left ankle pain, rated 5/10. The request is for chiropractic therapy for the lumbar spine. Physical examination to the lumbar spine on 03/30/15 revealed tenderness and spasm to palpation over the mid to low lumbar spine bilaterally. There was decreased sensation over the left L5 dermatome distribution. Patient's treatments have included medication, x-rays, MRI of the lumbar spine, chiropractic care and physical therapy. Patient's diagnosis, per 02/20/15 progress report, patient's diagnosis includes lumbar sprain, hip bursitis, hip pain and strain, and greater trochanter bursitis. Per 03/30/15 progress report, patient's medication includes Hydrocodone. Patient is temporarily partially disabled. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In progress report dated 02/19/15, treater states that the patient has completed two out of 6 sessions of chiropractic care, which helped alleviate pain by 20%. In the same report, treater states that he [treater] would like to order chiropractic treatments 3 times a week for 3 weeks to do myofascial release, passive/active stretching and strengthening, ionto and phonophoresis. In this case, the patient appears to be benefiting from chiropractic treatments. The request appears to be reasonable and therefore, it is medically necessary.

**Left knee synvisc injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines 'Knee & Leg (Acute & Chronic) chapter, Hyaluronic acid injections.

**Decision rationale:** The patient presents with low back pain, rated 5/10, hip pain, rated 5/10, left knee and left ankle pain, rated 5/10. The request is for left three synvisc injection. Physical examination to the lumbar spine on 03/30/15 revealed tenderness and spasm to palpation over the mid to low lumbar spine bilaterally. There was decreased sensation over the left L5 dermatome

distribution. Patient's treatments have included medication, x-rays, MRI of the lumbar spine, chiropractic care and physical therapy. Patient's diagnosis, per 02/20/15 progress report, patient's diagnosis includes lumbar sprain, hip bursitis, hip pain and strain, and greater trochanter bursitis. Per 03/30/15 progress report, patient's medication includes Hydrocodone. Patient is temporarily partially disabled. MTUS is silent on Synvisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections are, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. " ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection, there is morbid obesity or draining popliteal cyst. Treater has not discussed this request. Review of the medical records provided do not indicate a prior synvisc injection. Per 03/19/15 progress report, patient's diagnosis include bilateral knee pain and prepatellar bursitis. In this case, the patient has not been diagnosed osteoarthritis for which the injections are generally indicated. ODG guidelines state that "there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). " The request is not in line with guideline recommendations and therefore, it is not medically necessary.

**Norco 7. 5/325 1 tab po tid prn #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 60.

**Decision rationale:** The patient presents with low back pain, rated 5/10, hip pain, rated 5/10, left knee and left ankle pain, rated 5/10. The request is for Norco 7. 5/325 1 tab tid prn #90. Physical examination to the lumbar spine on 03/30/15 revealed tenderness and spasm to palpation over the mid to low lumbar spine bilaterally. There was decreased sensation over the left L5 dermatome distribution. Patient's treatments have included medication, x-rays, MRI of the lumbar spine, chiropractic care and physical therapy. Patient's diagnosis, per 02/20/15 progress report, patient's diagnosis includes lumbar sprain, hip bursitis, hip pain and strain, and greater trochanter bursitis. Per 03/30/15 progress report, patient's medication includes Hydrocodone. Patient is temporarily partially disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. "Treater does not discuss this request. In review of the medical records provided, there was no indication of a prior use of this medication. In this case, the treater has not documented baseline pain and functional assessment, including daily activities. If treater's intent was to initiate this

opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been discussed. Given the lack of documentation as required by MTUS, the request is not medically necessary.