

<b>Case Number:</b>	CM13-0006653		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This patient sustained an injury on 1/14/09 while employed by the [REDACTED]. The requests under consideration include physical therapy two times a week for four weeks and right knee synovial injection. The diagnoses include lumbar sprain, knee sprain, and s/p right knee arthroscopy. The operative note of 5/16/13 noted right knee arthroscopy, partial lateral and medial meniscectomy, chondroplasty of medial and lateral femoral condyle, lateral tibial plateau, partial synovectomy, and removal of loose bodies. The report of 7/17/13 was hand-written and limited from [REDACTED]. The patient complained of right knee pain. The exam showed swelling in the prepatellar area and antalgic gait. The treatment plan was to continue with modified duty. The requests were non-certified on 7/29/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for four weeks is not medically necessary and appropriate.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee Section Page(s): 14-15.

**Decision rationale:** The review indicates the patient has received at least 12 post-operative physical therapy sessions from surgery of May 2013. The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks (3 months) for arthroscopic debridement and possible meniscectomy over a postsurgical physical medicine treatment period of 6 months. The submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now over 9 months without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The physical therapy two times a week for four weeks is not medically necessary and appropriate.

**Right 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, Knee & Leg, Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections

**Decision rationale:** Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. The ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. The Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The submitted reports have not demonstrated clear supportive findings for the injection request. The right knee synvisc injection is not medically necessary and appropriate.