

Case Number:	CM13-0015493		
Date Assigned:	06/06/2014	Date of Injury:	07/21/2012
Decision Date:	07/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 is a patient with a date of injury of 7/21/12. A utilization review determination dated 8/9/13 recommends non-certification of PT and a Synvisc One injection. The patient has a history of right knee ACL reconstruction with medial and lateral meniscectomy on 10/26/12. Synvisc One injection was performed to the right knee on 4/1/13. 7/24/13 medical report identifies early degenerative changes in the knee noted radiographically and arthroscopically. He is having soreness, particularly when changing directions and going side to side. On exam, there is some quadriceps atrophy and crepitus with only trace anterior drawer and Lachman test. He was not properly instructed with his quadriceps exercises in the HEP and has not been able to attain a functional state in the knee because of quadriceps weakness. He did get some benefit from the Synvisc One nearly 4 months ago and the provider wanted to see the patient in 2 months, confirm the need for another injection, and administer it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 6 weeks: Overturned

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

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

Decision rationale: Regarding the request for Physical Therapy 1 time a week for 6 weeks, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions after knee surgery, but the provider notes that the patient was not properly instructed with his quadriceps exercises in the HEP and has not been able to attain a functional state in the knee because of quadriceps weakness. There is no documentation of recent PT and a few sessions of PT appear appropriate to help address the weakness and progress the patient into an independent home exercise program. In light of the above, the currently requested Physical Therapy 1 time a week for 6 weeks is medically necessary.

Synvisc One Injection - for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc One Injection - for the right knee, the CA MTUS and ACOEM do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. There should also be documentation that pain interferes with functional activities (e.g., ambulation, prolonged standing) and failure to adequately respond to aspiration and injection of intra-articular steroids. They also note that if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of early degenerative changes and soreness rather than the severe OA and significant interference with functional activities required by ODG. Furthermore, there is no documentation of failure of intra-articular steroids. Finally, the prior injection was not noted to have provided at least 6 months of significant improvement followed by symptom recurrence as of the most recent medical report. In light of the above issues, the currently requested Synvisc One Injection - for the right knee is not medically necessary.