

<b>Case Number:</b>	CM13-0019568		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/17/2003
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 39-year-old male who reported an injury on 11/7/03. The mechanism of injury was not stated. The current diagnosis is residual symptomatic chondromalacia of the left knee. The injured worker was evaluated on 8/5/13. The injured worker reported persistent pain with activity limitation. Physical examination revealed effusion with 1cm quadriceps atrophy of the left knee. The injured worker also demonstrated medial joint line tenderness on the left. Treatment recommendations included completion of a current physical therapy program, a one year gym membership, and Synvisc-One or Gel-One viscosupplementation injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) GEL-ONE INJECTION OR SYNVISC-ONE 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**Decision rationale:** The California MTUS/ACOEM guidelines state that invasive techniques, such as needle aspiration of effusions and cortisone injections, are not routinely indicated. The Official Disability Guidelines state that hyaluronic acid injections are indicated for patients who

experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment after at least three months. There should be documentation of symptomatic severe osteoarthritis of the knee, including bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, and no palpable warmth of synovium. As per the documentation submitted, there is no evidence of symptomatic severe osteoarthritis of the knee. There is also no mention of a failure to respond to adequate conservative treatment prior to the request for a viscosupplementation injection. Furthermore, there is no evidence of a failure to respond to aspiration and injection of intra-articular steroids, as recommended by the Official Disability Guidelines. Based on the clinical information received, the request is not medically necessary.

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Treatment for myalgia and myositis includes 9-10 visits over eight weeks. The current request for 12 sessions of physical therapy for the left knee exceeds guideline recommendations. There is also no documentation of objective functional improvement as a result of previous physical therapy. Therefore, the request is not medically necessary.