

Case Number:	CM13-0038298		
Date Assigned:	12/18/2013	Date of Injury:	01/17/2013
Decision Date:	03/05/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 46 year old male with a date of injury of 01/17/2013. The listed diagnoses per [REDACTED] dated 07/29/2013 are industrial injury to right knee , right knee arthroscopy and status post revision right knee arthroscopy with micro fracture of grade 4 chondral injury of the medial femoral condyle. According to report dated 07/29/2013 by [REDACTED], patient presents for a follow up status post right knee arthroscopy. The patient is making slow and steady progress; however, he continues to have periodic swelling and weakness involving the right knee, right quads and hamstrings. He also has numbness over his incision sites. The request is for 1 Synvisc injections and 8 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for four weeks 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 Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient presents for a follow up status post right knee arthroscopy dated 04/26/2013. The provider on the prescription dated 09/09/2013 requests 2x4 physical therapy

sessions. The provider's progress report dated 07/29/2013 states that the patient has now completed 12 post operative physical therapy sessions with no noted improvements. The California MTUS guidelines states for post-operative therapy following meniscectomy: 12 visits over 12 weeks are recommended. The California MTUS further states, "continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms." In this patient, such improvement has not been documented following the 12 sessions of treatments already provided. Therefore, the requested additional 8 sessions are not medically necessary and recommendation is for denial.

Additional Synvisc One injection: Upheld

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

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

Decision rationale: This patient presents for a follow up with right knee arthroscopic surgery from 04/26/2013. The provider requests authorization for a Synvisc injection as "he has stiffness, achiness and pain as well as evidence of osteoarthritis based on the operative finding of 04/26/2013 with medial compartment joint space narrowing based on the most recent weight bearing x-rays." The utilization review dated 09/30/2013 denied the request stating that this was previously asked for. The letter states that the patient "was recently approved and apparently recently received a Synvisc one injection". The medical file provided for review includes an "Approval Letter for Treatment" dated 08/23/2013 for one injection of Synvisc into the right knee. The ODG recommends Hyaluronic acid injection 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, or who have failed previous knee surgery for their arthritis, but in recent quality studies the magnitude of improvement appears modest. As indicated in AME report by [REDACTED] dated 09/25/2013 and progress report dated 07/29/2013 by [REDACTED], patient presents with osteoarthritis. This patient is a candidate for a Hyaluronic acid injection; however this patient has already been approved for this injection on 08/23/2013. There is no medical necessity for a duplicate or repeat injection at this time, and therefore, this request is denied.