

Case Number:	CM13-0048557		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2003
Decision Date:	04/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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 Sports Medicine, and is licensed to practice in Texas. 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 patient is a 44-year-old male who reported an injury on 07/12/2003. The mechanism of injury was not provided in the medical records. The patient was diagnosed with osteoarthritis, localized, not specified whether primary or secondary, lower leg. The patient's symptoms included left knee pain of 7/10 and right knee pain of 3/10. The patient's walking tolerance was diminished. Past medical treatment included right and left knee arthroscopy; medications included Fentanyl patch, Voltaren gel, Naproxen, Benicar and Metformin. The patient wore braces to the bilateral knees and was ambulating with the assistance of a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE HYALURONIC INJECTIONS (GIVE ONE WEEK APART): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 and 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

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

Decision rationale: According to the Official Disability Guidelines, 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. The guidelines further state that there should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of the synovium; and over 50 years of age. The documentation submitted for review indicated the patient had bilateral knee pain; however, the documentation failed to provide evidence of severe osteoarthritis of the knee, including bony enlargement, bony tenderness or crepitus on active motion. Also, the request as submitted failed to indicate the knee the injection was being requested for. In the absence of documented objective functional deficits corroborated by imaging studies indicating severe osteoarthritis, the request is not supported. Given the above, the request for 3 hyaluronic injections (give 1 week apart) is non-certified.

SIXTEEN AQUATIC THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98, and 99.

Decision rationale: According to the California MTUS Guidelines, aquatic therapy is an option formal of exercise therapy that is specifically recommended where reduced weightbearing is desirable. The guidelines indicate that treatment for myalgia and myositis is 9 to 10 visits; and for neuralgia, neuritis and radiculitis, 8 to 10 visits. The documentation submitted for review indicated the patient has completed an unknown number of physical therapy and aquatic therapy sessions. In the absence of details regarding previous aquatic therapy treatment, such as the number of visits completed, duration of treatment and measurable objective functional gains made throughout those aquatic therapy sessions; the request for additional aquatic therapy is not supported. There was a lack of documentation providing evidence of the need for aquatic therapy based on objective functional deficits. Also, the request as submitted exceeds guideline recommendations. Given the above, the request for 16 aquatic therapy sessions is non-certified.