

Case Number:	CM13-0054858		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2010
Decision Date:	04/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/17/2013

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 Occupational Medicine 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:

Patient is a 50 year old female with date of injury 7/25/2010. The most current primary treating physician's orthopedic evaluation lists subjective complaints as pain in her left knee. Patient underwent left knee arthroscopy with chondroplasty of the medial, lateral femoral condyles and at the trochlear groove on 10/21/2013. Objective findings: physical examination revealed incisions are clean and dry without evidence of infection. Diagnosis: Left knee tricompartmental arthritis. According to the medical records provided, the patient has completed at least 12 sessions of physical therapy dating back to 2/14/2013 prior to surgery. Physical therapy since surgery has shown steady progress with each visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The Post Surgical Treatment Guidelines for arthroscopic surgery of the knee to retrieve a loose body allow for 12 physical therapy visits over 12 weeks and postsurgical physical medicine treatment for 4 months. There is good documentation in the medical record

that the patient was improving her functional capacity with each physical therapy visit. The MTUS entitled the patient to at least 12 physical therapy sessions provided she shows functional improvement within the first 6 visits. I am reversing the prior UR decision. Therefore, 12 physical therapy visits as recommended by the MTUS are medically necessary.

SERIES OF EUFLEXXA INJECTIONS, ONE (1) TIME PER WEEK FOR THREE (3) WEEKS FOP THE LEFT KNEE: 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 Chapter: 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 & Leg (Acute & Chronic), Hyaluronic Acid Injections

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections into the knee only after the patient has not responded to nonpharmacologic treatments. Recommendation is also indicated when patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and/or pharmacologic treatments are intolerant, (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. In this case, the patient has not yet completed the full recommended number of physical therapy treatments. Therefore the request is non certified.