

Case Number:	CM13-0057656		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2003
Decision Date:	06/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery 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 62 year old male injured on 03/28/03 due to an undisclosed mechanism of injury. The patient has undergone multiple surgeries to the right knee for repair of ruptured patella tendon and revision of right knee arthroscopy. The patient has also been diagnosed with mild right foot osteoarthritis. The patient has received multiple Synvisc injections to the right knee with decrease in pain symptoms. The most recent injection was 10/31/13. The patient has participated in multiple rounds of postoperative physical therapy for strength and increased range of motion. The documentation indicates the patient reported the most benefit from manual manipulation of scar tissue. The clinical note dated 10/31/13 indicates the patient is being evaluated for right knee pain and received Synvisc injection. Physical examinations revealed well-healed arthroscopic porters, range of motion 0 to 150 degrees, manual muscle testing 4/5 with flexion and extension, tenderness to medial and lateral compartment. Right ankle showed tenderness to the ATFL with a positive drawer test. Current medications include Metformin, Aspirin, Omeprazole, Ibuprofen, Singulair, Celebrex, and Naproxen. The documentation indicates the patient received modified approval for 6 supervised physical therapy sessions in November of 2013. There was not subsequent documentation to establish if the patient attended physical therapy or any functional improvement associated with those sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT KNEE TWELVE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy (PT).

Decision rationale: As noted in the Official Disability Guidelines, recommend 9 visits over 8 weeks for the treatment of arthritis and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. It appears that the patient has had sufficient formal supervised therapy and should be capable of continuing to improve with an independent self-directed home exercise program. As such, the request for physical therapy for the right knee twelve sessions cannot be recommended as medically necessary at this time.

CELEBREX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids/Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAID) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a Complete Blood Count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex cannot be established as medically necessary.

SYNVISC ONE REGIME: 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.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine, Synvisc 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. However, the clinical

documentation indicates that the patient underwent injectino on 10/31/13. There was no subsequent documentation to establish the patient's current clinical status and his response to the previous injection. As such, the request for Synvisc One Regimen cannot be recommended as medically necessary.