

<b>Case Number:</b>	CM13-0069664		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/11/2006
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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 43 year old female with a date of injury on 12/11/2006. The patient has been treated for ongoing low back pain and subsequent right knee pain. The patient is status post right knee arthroscopy and chondroplasty on 10/1/13. Subjective complaints are of right knee pain that has improved with post-operative care and low back pain. Physical exam shows persistent tenderness in the lumbar spine and tenderness with decreased range of motion of the right knee. Post operative treatment has included physical therapy (12 sessions), exercise programs, and self-administered strengthening of the quadriceps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SERIES OF THREE (3) SUPARTZ INJECTIONS TO 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.

**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:** The ODG states hyaluronic injections are recommended as an option for osteoarthritis. While this patient has documented articular cartilage loss in the medial knee due to surgery, the evidence for significant symptomatic osteoarthritis and functional limitations was

not apparent in the submitted records. The patient has undergone non-pharmacological treatments (physical therapy) with noted improvement. There is no evidence of an inadequate response or intolerance to pharmacologic treatments for osteoarthritis. Therefore due to this and failure to meet established guidelines the medical necessity of this treatment is not established. The request is not medically necessary and appropriate.

**CONTINUE POSTOPERATIVE PHYSICAL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend 12 physical therapy visits over 12 weeks after meniscal surgery. This patient has received 12 postoperative physical therapy sessions. The requested 6 additional physical therapy sessions would exceed the MTUS Postsurgical Treatment Guidelines' recommendations, and is therefore not medically necessary or appropriate.

**HOME TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

**Decision rationale:** The MTUS Chronic Pain Guidelines' criteria for a TENS unit include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, and a one month trial of TENS use with appropriate documentation of pain relief and function. The MTUS Chronic Pain Guidelines also suggests that TENS therapy can be used up to 30 days post-operatively. This patient has been utilizing conservative methods (physical therapy) which provided improvement. The patient is also more than thirty days status post-surgery, and a one month home trial of TENS therapy is not evident. Therefore, the medical necessity of a TENS unit is not established. The request is not medically necessary and appropriate.

**KNEE SUPPORT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** ACOEM Guidelines support bracing as optional when used as part of a rehabilitation program. The ODG supports knee braces for patients with knee instability, ligament insufficiency, articular defect, avascular necrosis, or Meniscal cartilage repair. This patient has an articular defect and is status post meniscal repair. Furthermore, the patient is engaged in rehabilitative efforts. Therefore, the request for a knee brace is medically necessary.