

Case Number:	CM14-0001736		
Date Assigned:	01/17/2014	Date of Injury:	01/19/2012
Decision Date:	03/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 54-year-old female who reported an injury on 01/19/2012. The mechanism of injury was noted to be the patient stumbled and tripped on the floor. The patient had a right total knee arthroplasty on 09/12/2012. The patient's diagnosis was noted to be osteoarthritis, unspecified whether generalized or localized, involving the lower leg and other postsurgical status. The patient had right knee pain which was improving and had left knee pain lasting for 7 months and the patient was noted to be using a Dynasplint and physical therapy and making progress. Objectively, the patient had crepitus and tenderness in the left knee, -5 degrees to 120 degrees of range of motion. The patient's right knee had -15 degrees of extension actively, -5 degrees passively. There was flexion of the right knee to 100 degrees actively and 105 degrees passively. There was +4/5 strength on the physician's examination and per the physician on a physical therapy report of 09/30/2013 in the right knee, and otherwise the patient's range of motion and strength were normal throughout the lower extremities. The treatment request for authorization included the patient was continuing to slowly progress in physical therapy in regards to range of motion and strength and the request was made for physical therapy 3 times a week for 4 weeks. Additionally, there was a request for Orthovisc once per week to the left knee for symptomatic osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc 15mg/ml 2 mi injections into the left knee once per week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg, 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), Hyaluronic Acid Injections

Decision rationale: Official Disability Guidelines indicate that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, or acetaminophen and to possibly delay a total knee replacement. There should be documentation of significantly symptomatic osteoarthritis where the patient had not responded to recommended conservative nonpharmacological and pharmacological treatments or were intolerant of the therapies and the patient has documentation of severe osteoarthritis which may include bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium, or over 50 years of age, and documentation that pain interferes with functional activities and is not attributed to other forms of joint disease, had a failure to adequately respond to aspiration and injection of an intra-articular steroid, and are not currently candidates for a total knee replacement or who have failed knee surgery for arthritis. The clinical documentation submitted for review failed to indicate the patient had findings of osteoarthritis on radiologic examination. Additionally, there was a lack of documentation indicating the patient had significantly symptomatic osteoarthritis that had not responded to recommended conservative nonpharmacological and pharmacological treatment or was intolerant of treatment. There was a lack of documentation indicating the patient had pain that interfered with functional activities and was not attributed to other forms of joint disease. There was a lack of documentation indicating the patient had failure to adequately respond to aspiration and injection of intra-articular steroids to the left knee and the patient was not currently a candidate for a total knee replacement or had failed previous knee surgery for arthritis. The clinical documentation indicated the patient was having increased knee pain, increased left knee osteoarthritis secondary to an altered gait pattern. Given the above and the lack of documentation, the request for Orthovisc 15 mg/mL, 2 mL injections into the left knee once per week for 3 weeks is not medically necessary.

Physical Therapy three times a week for four weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended to control symptoms such as pain, inflammation, and swelling for a maximum of 9 to 10 visits for myalgias and myositis and 8 to 10 visits for neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had a total

knee arthroplasty on 09/12/2012. There was a lack of documentation indicating a necessity for additional physical therapy. The clinical documentation indicated the patient had normal range of motion and strength throughout the lower extremities with the exception of +4/5 on the right knee and flexion of 100 degrees actively and 105 degrees passively. There was a lack of documentation indicating the quantity of sessions the patient had previously participated in. There was a lack of documentation indicating the objective functional deficits remaining for the patient. As the patient's surgery was noted to be in 09/2012, the patient should be well versed in a home exercise program. Given the above, the request for physical therapy 3 times a week for 4 weeks for the right knee is not medically necessary.