

Case Number:	CM14-0004164		
Date Assigned:	02/03/2014	Date of Injury:	05/25/2012
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient is a 68-year old male who has submitted a claim for Status Post Right Knee Arthroscopy, Partial Lateral Meniscectomy, Synovectomy and Chondroplasty, associated with an industrial injury date of May 25, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of intermittent right knee pain, associated with popping around the kneecap region and weakness of the right knee. On physical examination, the patient had a slightly altered gait favoring the right lower extremity. There was tenderness over the patellofemoral area and medial joint line. No effusion was noted. MRI of the right knee dated July 3, 2013 revealed evidence of a partial medial meniscectomy with some thinning of the cartilage in the medial compartment; no definite meniscus tear or re-tear; and evidence of fat pad scarring from previous arthroscopic procedure. Treatment to date has included medications, right knee arthroscopy (September 17, 2012), right knee arthroscopy with meniscectomy and chondroplasty (September 25, 2013), steroid injection to the right knee, and eight sessions of physical therapy. Utilization review from December 18, 2013 denied the request for additional PT 2 x 4 weeks and Orthovisc injections. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY (2X4 WEEKS) FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the medical records revealed that the patient has completed eight sessions of physical therapy and has another four sessions approved. However, there was no documentation of functional benefits from previous therapy sessions. Furthermore, there was no documentation of participation in a home exercise program. Guidelines encourage active self-directed home exercises to maintain improvement levels. Therefore, the request for additional physical therapy (2 x 4 weeks) for the right knee is not medically necessary.

ORTHOVISC INJECTIONS, SERIES OF THREE FOR THE RIGHT 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 (ODG), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, HYALURONIC ACID INJECTIONS

Decision rationale: CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. In this case, Orthovisc injection was requested because of the patient's persistent patellofemoral symptoms. However, there were no imaging or arthroscopy findings of osteoarthritis that were included in the records for review. Furthermore, there was no discussion regarding failure of conservative treatment or previous knee surgery. The criteria were not met; therefore, the request for Orthovisc Injections, series of three for the right knee is not medically necessary.