MAXIMUS Federal Services

Case Number:	CM14-0112942		
Date Assigned:	08/01/2014	Date of Injury:	07/22/2011
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 46 year old male who sustained a work injury on 7-22-11. The claimant had a right knee arthroscopy on 1-23-14. He underwent partial medial meniscectomy, partial lateral meniscectomy, chondroplasty of the medial femoral condyle and lateral tibial plateau, chondroplasty of the patella and trochlear groove, limited synovectomy of the intercondylar notch and patellofemoral joint and lysis of adhesions. The claimant has had 30 physical therapy sessions. Office visit on 6-20-14, it is noted the claimant is unchanged. Hand written notes.

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 to Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - physical therapy

Decision rationale: Post-Surgical Treatment Guidelines as well as ODG supports up to 12 postop physical therapy sessions. This claimant has had 30 postop physical therapy sessions.

Most recent office visit noted the claimant is unchanged. Based on the records provided this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to siginficantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The requested course of physical therapy is excessive and inconsistent with the recommendations of the CA MTUS guidelines. The medical necessity of the request is not established.

Synvisc Injections to Right Knee x3: 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 Guidelines

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, Hyaluronic acid injections

Decision rationale: CA MTUS is silent regarding the request. ODG supports the use of these injections if there is documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. There is an absence in documentation noting radiographic evidence of severe osteoarthritis or documentation that this claimant meets current treatment guidelines criteria's for performing Synvisc injections x 3. Therefore, the medical necessity of this request is not established.