

Case Number:	CM14-0124534		
Date Assigned:	08/08/2014	Date of Injury:	06/11/2013
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 30 year old male with date of injury 6/11/13. The treating physician report dated 7/03/14 indicates that the patient presents post left knee arthroscopy with pain affecting left knee. The patient had an MRI of the left knee on 8/12/13, which revealed mild grade II to III chondromalacia in the medial and lateral femorotibial joint compartments involving the femoral condyles and trace increase in joint fluid. Intrinsic ligaments and tendons were intact and menisci were normal in appearance. MRI of the left femur/thigh on 8/12/13 is reported as a normal study. The patient is status post left knee arthroscopy on 4/21/14 and the current physical exam findings show VMO atrophy and healing scars. The current diagnoses are: 1. Muscle weakness 2. Chondromalacia patellae. The Utilization Review report denied the request for Orthovisc injections 1 x week x 3 weeks based on the rationale of hyaluronic acid injections being recommended as an option for osteoarthritis of the knee. There is no documentation that patient has this condition. The UR report also denied the request for home neuromuscular stimulation based on the rationale that NMES is used primarily as part of a rehabilitation program following stroke. There is no evidence to support its use in chronic pain. Based on referenced guidelines a home NMES unit is not medically appropriate for this patient. The UR report also modified the request for physical therapy 2-3 x week for 4-6 weeks based on the rationale that the patient is reporting improvement from previous physical therapy sessions but still has problems ascending and descending stairs and atrophy has been noted in his left quadriceps. The guideline recommendations are for an additional six sessions of post-op physical therapy if the patient is showing improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections 1 x week x 3 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: 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) - Hyaluronic acid injections.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) - Hyaluronic acid injections. The Expert Reviewer's decision rationale: The MTUS Guidelines do not address Orthovisc injections. The ODG Guidelines state that, "Several criteria must be documented for recommendation of hyaluronic acid injections." The treating physician states, "Fortunately the patella is tracking well. However, the VMO atrophy is a significant issue. I would recommend continuing physical therapy, a home neuromuscular stimulation, and for the pain from articular cartilage degeneration, I would recommend viscosupplementation." There are no physical exam findings suggestive of severe OA of the knee and there is no documentation of failure to adequately respond to aspiration and injection of intra-articular steroids as set forth in the criteria of the ODG guidelines. The request is considered not medically necessary.

Home neuromuscular stimulation, left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Online Knee Chapter Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS ODG Guidelines Online Knee Chapter, Neuromuscular electrical stimulation (NMES devices). The Expert Reviewer's decision rationale: According to ODG Guidelines NMES is recommended only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In controlled trials it appeared that for NMES to be successful it must be applied in a high-intensity setting early in the postoperative period, which is typically administered in an outpatient PT setting, thus precluding home units. The request is not considered medically necessary.

Physical Therapy 2-3 week x 4-6 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, 3. Postsurgical Treatment Guidelines, Page 10. The Expert Reviewer's decision rationale: The MTUS Post-Surgical Guidelines state that for "dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella 12 visits over 12 weeks is warranted. In this case the utilization review physician modified the current request and authorized an additional 6 sessions of post-surgical PT." In the medical records reviewed, it was determined that the patient has received 6 post-surgical PT visits. Therefore, physical therapy 2-3 x week for 4-6 weeks is outside of the guidelines for 12 visits over 12 weeks. The request is not considered medically necessary.