

Case Number:	CM14-0158628		
Date Assigned:	10/02/2014	Date of Injury:	08/04/2000
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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:

This is a patient with a date of injury of 8/4/2000. A utilization review determination dated 8/26/14 recommended non-certification for the requested Physical therapy 8 visits of the right knee as well as the Orthovisc injections X 3. Physical therapy request was denied due to it being unclear if any physical therapy was performed following the knee surgery in January 2014. It is also unclear as to whether the most recent set of physical therapy has been completed and no documentation reporting objective or functional improvement. Orthovisc injections were denied stating the previously documented MRI is prior to surgical intervention and although a partial thickness chondral flap is noted and overall chondral thinning, there is no evidence of complete loss of cartilage. Also the claimants pain is documented as being fairly well controlled on the current medication regimen and appears to be responding well to oral medications. Most recent progress report dated 8/19/14 identifies subjective complaints of developing right shoulder pain. The note goes on to state that the patient has been followed for bilateral knee issues but it is unclear what her complaints were at that time. Physical exam identifies a positive impingement sign of the shoulder and pain with resisted supraspinatus but again says nothing with regards to her knee issue. Diagnosis indicated postoperative subacromial impingement and rotator cuff syndrome. Treatment plan included a subacromial injection to the shoulder and the knee is not mentioned. A progress noted dated 4/22/14 indicates the patient is now 3 months post op right knee and 5 months out from the left knee. The note does not discuss patients symptoms at that time but does indicate that they are still waiting for approval of Orthovisc injections and reports she is doing a home exercise program. Objective findings indicate both knees have well healed surgical portals and most of the effusions are gone. She was noted to have full range of motion and is able to do straight leg raises. The patient still had some mild joint line tenderness mainly noted to the medial aspect bilaterally. Diagnoses were right shoulder rotator cuff syndrome and

status post bilateral knee arthroscopies with early degenerative changes. Treatment plan was to continue to work on getting Orthovisc injections and to go ahead with a subacromial injection. MRI report dated 8/26/13 reported macerated tear involving the inner half of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Orthovisc injections x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for Orthovisc, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, the requesting physician has not documented that the patient has failed conservative treatment including physical therapy, medication, and steroid injection. Additionally, there is no documentation of an x-ray identifying osteoarthritis in the right knee. As such, the currently requested Orthovisc injections X3 right knee is not medically necessary.

Physical therapy 8, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent

program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.