

Case Number:	CM14-0159940		
Date Assigned:	10/03/2014	Date of Injury:	02/05/2010
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 2/5/2010. Her diagnoses include right shoulder pain, suspicious for impingement and rotator cuff tendonosis, left knee pain with suspected meniscal tear and left ankle pain s/p Achilles tendon repair. Past treatment has included Achilles tendon surgery, steroid injection of knee, physical therapy, TENS unit and pain medication. Arthroscopic surgery has been recommended for left knee. The requests are for Cortisone injection left knee, series of 3 Synvisc injections of left knee and physical therapy 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injections for the Left 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, Knee and Leg, Intraarticular glucocorticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Knee, Corticosteroid injection

Decision rationale: CA MTUS is silent on the utility of steroid injection of the knee. ODG Knee chapter offers the following guidelines. Corticosteroid injection may provide limited and short term relief for osteoarthritis of the knee. There is no support for more than three injections.

Criteria includes severe osteoarthritis according to American College of Rheumatology guidelines Conservative therapies including NSAIDs, APAP and exercise should have failed to control symptoms or been intolerable. Pain should interfere with daily function. Only one injection should be scheduled initially. Repeat injections may be considered, up to three totals, if an initial response is produced. In this case, the diagnosis is not osteoarthritis but is chondromalacia and possible meniscal tearing of the knee. The request for Cortisone injection is not medically necessary.

Synvisc injection for the left knee series of three: 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 and 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: CA MTUS is silent on the utility of Synvisc injections of the knee. ODG Knee chapter offers the following guidelines. Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, the diagnosis is not osteoarthritis but is chondromalacia and possible meniscal tearing of the knee. Synvisc injection is not medically necessary.

Physical Therapy 2x6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99. Decision based on Non-MTUS Citation ODG) Knee, Physical Medicine

Decision rationale: The CA MTUS recommends physical therapy for management of pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication. ODG Chapter on knee recommends 9 visits over 8 weeks for chondromalacia or meniscal tears. In this case, physical therapy is

indicated but the request for 6 x 2 visits exceeds the recommended 9 visits over 8 weeks. As such, the request for physical therapy 6 x 2 is not medically necessary.