

<b>Case Number:</b>	CM14-0179936		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational and Environmental Medicine, has a subspecialty in Public Health, and is licensed to practice in West Virginia and Ohio. 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 individual is a 55 year old female with a 7/12/12 date of industrial injury. In a physical examination dated October 6, 2014, the individual complains of pain in her right knee, popping, clicking, and locking in the knee with difficulty sleeping. The exam reveals a boggy synovitis and right knee effusion with tenderness upon palpation. Range of motion and strength were normal with a positive crepitus and grind test. The individual is currently working full duty. Surgical history; right knee menisectomy on 8/12/13, right shoulder arthroscopic subacromial decompression, AC joint resection, and intra-articular debridement and synovectomy 12/30/13. MRI dated 9/24/14 showed extensive osteoarthritis, a tear of the medial and lateral meniscus, which are degenerative and associated with a Baker's cyst. Her doctor recommended 6 sessions of physical therapy, anti-inflammatory medications and Supartz (hyularonic acid) injections x5. The documentation shows that she has completed at least 6 sessions of physical therapy. This request is for PT x6 for the right knee and Supartz injections also for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT x6 for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy ,Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Physical Therapy, ODG Preface- Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." It has been 16 months since her meniscectomy. She is noted to have completed at least 6 physical therapy sessions since that time with home therapy instruction. She should be well versed in the exercises necessary to maintain function. Although the individual is having pain, she does not have decreased range of motion or decreased strength in the knee, which would be reasons for physical therapy. She doesn't have decreased functionality. She is able to work full time status. Another trial of physical therapy x 6 for the right knee is not medically necessary.

**Supartz injection x5 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/Knee Chapter: Hyaluronic acid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid injections

**Decision rationale:** "Invasive techniques, such as needle aspiration of effusions or pre-patellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection. ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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;- 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.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;" Although the individual does have osteoarthritis per MRI, she is not functionally impaired as her range of motion and strength are within normal limits and she is able to work full time. Documentation provided does not state if the patient was unsuccessful with pharmacologic modalities

(medications) after at least 3 months". ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended". She had a right knee meniscectomy in August 2013. As such, the request for hyaluronic acid injection is not medically necessary.