MAXIMUS Federal Services

Case Number:	CM14-0022784		
Date Assigned:	05/12/2014	Date of Injury:	03/10/2011
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 Interventional Spine 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 56 year old male with date of injury 3/10/11. The treating physician report dated 7/8/13 indicates that the patient presents with pain affecting the left knee. The current diagnosis is: 1. Degenerative joint disease of the left knee. The utilization review report dated 1/23/14 denied the request for physical therapy evaluation to the left knee, PT unspecified frequency or duration and Synvisc injection left knee based on the 1/9/14 treating physician report.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION TO LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with chronic left knee pain status post left knee surgery x 4 with ACL reconstruction (unknown date). The current request is for physical therapy evaluation to the left knee. The utilization review denial was based on the treating physician report dated 1/9/14 that was not included in the 74 pages of records provided. There are two

treating physician reports to review dated 1/24/13 and 7/8/13. The 7/8/13 report states, "Procedure: Today I sterilely injected his left knee with 6ml Synvisc. I will see him back in 6 months for possible repeat injection. Eventually he will need knee replacement surgery. There is nothing in the records provided to suggest that a physical therapy evaluation is required. There is mention of an arthroscopic knee surgery performed on 1/30/12 in a 10/2/13 QME report. The MTUS guidelines support physical therapy including an initial evaluation for documented conditions that require reduction in pain and inflammation or for restoring flexibility, strength, endurance, function or range of motion. There is nothing in the reports provided to indicate an exacerbation or need for evaluation/care exists. Recommendation is for denial.

PHYSICAL THERAPY UNSPECIFIED FREQUENCY OR DURATION LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with chronic left knee pain status post left knee surgery x 4 with ACL reconstruction (unknown date). There is mention of an arthroscopic knee surgery performed on 1/30/12 in a 10/2/13 QME report. The current request is for physical therapy unspecified frequency and duration to the left knee. The utilization review denial was based on the treating physician report dated 1/9/14 that was not included in the 74 pages of records provided. There are two treating physician reports to review dated 1/24/13 and 7/8/13. The 7/8/13 report states, "Procedure: Today I sterilely injected his left knee with 6ml Synvisc. I will see him back in 6 months for possible repeat injection. Eventually he will need knee replacement surgery. There is nothing in the records provided to suggest that a physical therapy is required. The MTUS guidelines support physical therapy in general 8-10 visits for conditions of myalgia and joint pain. There is nothing in the reports provided to indicate an exacerbation or need for physical therapy exists, and it is impossible to know how many visits are being requested as there is no documentation supporting this request. Recommendation is for denial.

SYNVISC INJECTION LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with chronic left knee pain status post left knee surgery x 4 with ACL reconstruction (unknown date). There is mention of an arthroscopic knee surgery performed on 1/30/12 in a 10/2/13 QME report. The current request is for Synvisc injection left knee. The utilization review denial was based on the treating physician report dated 1/9/14 that was not included in the 74 pages of records provided. The utilization review report states, "The

patient's clinical condition would not support a repeat injection with Viscosupplementation and there is no way to see in the future to determine if the patient will need a repeat injection, therefore the Synvisc injection is not medically necessary." There are two treating physician reports to review dated 1/24/13 and 7/8/13. The 7/8/13 report states, "Procedure: Today I sterilely injected his left knee with 6ml Synvisc. I will see him back in 6 months for possible repeat injection. Eventually he will need knee replacement surgery. There is nothing in the records provided to suggest that a repeat Synvisc injection is needed. The MTUS guidelines do not address Synvisc injections. The ODG guidelines state "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The criteria for performing the injection is symptomatic osteoarthritis not responding to conservative care. There is nothing to support the current request for a Synvisc injection of the left knee at this time. It is stated that an injection was performed on 7/8/13, but there is no follow up documentation provided to support a repeat injection. Recommendation is for denial.