

Case Number:	CM14-0024282		
Date Assigned:	06/11/2014	Date of Injury:	08/01/2013
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 51 year-old with a date of injury of 8/1/13. A progress report associated with the request for services, dated 2/14/14, identified subjective complaints of knee soreness. Documentation of objective findings was unclear. Diagnoses included tear of the right meniscus. The plan was to obtain an MRI. Treatment has included NSAIDs, and an antidepressant. He underwent an arthroscopic partial meniscectomy on 10/1/13. Subsequently, he received 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE INJECTIONS TO 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.

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

Decision rationale: The California MTUS/ACOEM guidelines do not address viscosupplementation (hyaluronic acid injections). The Official Disability Guidelines (ODG) note that hyaluronic acid injections are indicated for symptomatic osteoarthritis that has not responded to conservative management. However, the ODG notes that it is not recommended for

other indications such as patellofemoral arthritis or patellofemoral chondromalacia. Even related to osteoarthritis of the knee, it further states that in recent quality studies the magnitude of improvement appears modest at best. Criteria for injection include symptomatic osteoarthritis that has not responded to conservative management (exercise and medication) for at least 3 months; documented severe osteoarthritis of the knee, which may include crepitus, bony enlargement, and being over 50 years of age; pain that interferes with functional activities (ambulation, prolonged standing); failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopic or ultrasound guidance; for patients who are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement; if documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series; and not indicated for patellofemoral arthritis or syndrome, or other joints than the knee. In this case, the claimant does not meet the criteria above. Specifically, advanced osteoarthritis has not been documented nor a trial of intra-articular steroids. As such, the request is not medically necessary.

THREE UNITS OF SYNVISC FOR INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS/ACOEM guidelines do not address viscosupplementation (hyaluronic acid injections). The Official Disability Guidelines (ODG) note that hyaluronic acid injections are indicated for symptomatic osteoarthritis that has not responded to conservative management. However, the ODG notes that it is not recommended for other indications such as patellofemoral arthritis or patellofemoral chondromalacia. Even related to osteoarthritis of the knee, it further states that in recent quality studies the magnitude of improvement appears modest at best. Criteria for injection include symptomatic osteoarthritis that has not responded to conservative management (exercise and medication) for at least 3 months; documented severe osteoarthritis of the knee, which may include crepitus, bony enlargement, and being over 50 years of age; pain that interferes with functional activities (ambulation, prolonged standing); failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopic or ultrasound guidance; for patients who are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement; if documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series; and not indicated for patellofemoral arthritis or syndrome, or other joints than the knee. In this case, the claimant does not meet the criteria above. Specifically, advanced osteoarthritis has not been documented nor a trial of intra-articular steroids. As such, the request is not medically necessary.

SIX SESSIONS OF PHYSICAL THERAPY TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11; 24.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines for meniscectomy of the knee include a general course of therapy of 12 visits over 12 weeks, with a postsurgical physical medicine treatment period of 6 months. An initial course of therapy should be tried, which is one-half the number of visits specified in the general course of therapy. Then, with documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy. The guidelines also specify that after completion of the general course of therapy, if it is determined that additional functional improvement can be accomplished, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has received 12 sessions of physical therapy as recommended for a general course of therapy. There is no documentation of sufficient functional improvement for additional sessions during the postoperative period. Additionally, the guidelines note that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Therefore, there is no documentation for the medical necessity of six physical therapy sessions in this case.