

Case Number:	CM14-0032303		
Date Assigned:	06/20/2014	Date of Injury:	06/14/2013
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery, has a subspecialty in California 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 63-year-old female student admissions representative sustained an industrial injury on 6/14/13. Injury occurred when she was moving quickly down 4 flights of stairs and slipped, twisting her left knee. A left knee partial medial meniscectomy and chondroplasty patella was performed on 11/6/13 with on-going lateral compartment pain. Arthroscopic findings documented grade IV chondromalacia lateral femoral condyle and lateral tibial plateau, and grade II chondromalacia median ridge patella. The 2/6/14 Doctor's First Report cited intermittent slight to moderate left knee pain and weakness. Physical exam findings documented slow limping gait, atrophy left vastus medialis oblique, knee range of motion 0-81 left and 0-93 right, medial and lateral joint line and infrapatellar tenderness, positive Minor's sign, and negative patellar grind. The diagnosis was status post left knee lateral meniscus repair, chondromalacia, and right knee compensatory sprain/strain. The treatment plan recommended Hyalgan injections and referral for right knee evaluation. The patient was not able to return to work. The 2/18/14 treating physician chart note indicated that the patient had completed three Hyalgan injections to the left knee. Benefit was noted in decreased pain, but swelling remained a problem. Objective findings documented left knee range of motion 0-125 degrees with positive effusion, medial joint line tenderness, and left quadriceps atrophy. The patient reported prior benefit to physical therapy that helped reduce pain and swelling. The treatment plan recommended 2 Hyalgan injections using ultrasound guidance and physical therapy 2x4. Records indicated that the patient had completed 16 post-operative physical therapy visits on 1/30/14, with 8 additional physical therapy visits authorized through 2/27/14. The 2/26/14 utilization review modified the request for viscosupplementation injection x2 under ultrasound and physical therapy 2x4, and approved viscosupplementation x 2 and physical therapy x 2 visits post injection consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injection x 2 under ultrasound: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections.

Decision rationale: Under consideration is a request for viscosupplementation injections times 2 under ultrasound. The California MTUS guidelines do not provide recommendations for these injections in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guidelines state these injections are generally performed without fluoroscopic or ultrasound guidance. The 2/26/14 utilization review modified this request and approved two viscosupplementation injections without ultrasound guidance. There is no compelling reason to support the medical necessity of ultrasound guidance. Therefore, this request for viscosupplementation injections times 2 under ultrasound is not medically necessary.

Physical Therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical medicine treatment.

Decision rationale: Under consideration is a request for physical therapy 2x4. The California MTUS Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The Official Disability Guidelines support physical therapy for 1 to 2 visits post-injection for a diagnosis of arthritis. The 2/26/14 utilization review modified the request for physical therapy 2x4 and approved 2 additional physical therapy visits post injection, consistent with guidelines. This patient had previously been authorized for 24 post-operative physical therapy visits through the end of February. There is no compelling reason presented to support physical therapy beyond current treatment authorizations or the medical necessity of additional supervised physical therapy versus an

independent home exercise program. Therefore, this request for physical therapy 2x4 is not medically necessary.