

<b>Case Number:</b>	CM14-0034779		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 57-year-old male with a date of injury of 02/23/2011. The listed diagnoses per [REDACTED] are bilateral medial compartment arthropathy, right knee contusion possible medial meniscal tear, status post right knee arthroscopy, 04/17/2013, status post left knee arthroscopy, 07/25/2012, quadriceps insufficiency right knee associated with bursitis and right shoulder impingement syndrome with AC arthropathy and arthroscopy of the right shoulder on 11/14/2012. According to progress report on 02/21/2014 by [REDACTED], the patient presents with right knee pain and right wrist complaints. This patient is status post right carpal tunnel release on 01/08/2014. The patient reports the right wrist, dorsum wrist/hand sensation is improving, and there is good mobility in the digits. Examination of the right knee revealed trace effusion, positive tenderness medially, and positive crepitus. The provider reviewed MRI of the right knee from 02/14/2014 and states "did not visualize meniscus tear plus fluid/effusion." The provider recommended physical therapy 2 times a week for 4 weeks for the right wrist, 3 Orthovisc injections, and unloader brace purchase for the right knee. Utilization review denied the request on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** This patient presents with right knee and right wrist pain. On 02/21/2014, the patient complained of residual pain status post CTR on 01/08/2014. The patient noted improving in sensation and good mobility and digits. It was noted that she was doing therapy on her own. The provider requested physical therapy 2 times a week for 4 weeks for the right wrist. California MTUS postsurgical treatment guidelines support 3 to 8 visits over 3 to 5 weeks proposed carpal tunnel release. The medical file provided for review includes physical therapy progress notes. However, these are notes from prior to the carpal tunnel release. Utilization review indicates the patient has "completed some therapy." The medical file provided for review does not indicate that the patient has had any post op therapy. Therefore the request is medically necessary.

**Three (3) Orthovisc 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 (ODG)- Knee and Leg Procedure Summary last updated 01/09/2013- 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), Knee, Hyaluronic Acid Injections.

**Decision rationale:** This patient is status post right knee arthroscopy on 04/17/2013 with continued pain. The provider is requesting three Orthovisc injections. Examination from 02/21/2014 indicated the patient has "trace effusion, positive tender medial, and positive crepitus." The provider recommends 3 Orthovisc injections. ACOEM and MTUS do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG recommends Hyaluronic acid injection "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." In this case, the patient is status post arthroscopy and does not present with severe osteoarthritis. No X-rays, MRI's show evidence of "severe" arthritis and examination shows trace effusion and no crepitus/grinding with ROM. Therefore the request is not medically necessary.

**Unloader brace purchase for the right knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Knee and Leg Procedure Summary- unloader braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Knee Bracing.

**Decision rationale:** This patient is status post right knee arthroscopy on 04/17/2013 with continued pain. The provider is requesting an unloader knee brace. Utilization review denied the request stating that severe instability or osteoarthritis is not reported. ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." ODG further states "There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence which may indirectly help with the healing process." In all cases, this patient is status post right knee arthroscopy with continued pain and swelling. Therefore the request is medically necessary.