

<b>Case Number:</b>	CM14-0035257		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Pain Management, 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 is a male patient with the date of injury of February 17, 2012. A progress report dated February 19, 2014 identifies the subjective complaints of persistent lumbar spine pain, left leg radiculopathy, and left knee pain. Objective findings identify lumbar spine limited range of motion, positive straight leg raising left greater than right, decreased sensation L5-S1. Left knee mild limp, joint tender, positive patellofemoral crepitus. The diagnoses identify left knee status post surgery. The treatment plan identifies recommend trial of Synvisc one for left knee, pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR LEFT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**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 & Leg Chapter, Aquatic Therapy.

**Decision rationale:** Regarding the request for aqua therapy two times a week for six weeks for left knee, The CA MTUS guidelines state non-weight-bearing exercises, such as swimming or floor exercises, can be carried out while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. The Official Disability Guidelines (ODG) states aquatic therapy (including swimming) can minimize the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The ODG recommends a trial of 6 physical therapy sessions. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication that there is a situation where reduced weight bearing is desirable for this patient. The requested number of visits exceeds recommendations for an initial trial. As such, the currently requested aqua therapy two times a week for six weeks for left knee is not medically necessary.

**TRIAL OF SYNVISIC INJECTION FOR LEFT 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-TWC Knee and Leg Procedure Summary.

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

**Decision rationale:** Regarding the request for trial of Synvisc for the left knee, California MTUS does not address the issue. The Official Disability Guidelines (ODG) supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation available for review, there is documentation of exam and imaging findings of significant osteoarthritis of the knee. However, there is no documentation of pain that interferes with functional activities and failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested trial of Synvisc for the left knee is not medically necessary.