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| Case Number: | CM14-0063868 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 10/22/2010 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 Sports Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 64 year old female with a reported date of injury on 10/22/2010. The mechanism of injury was not included in the medical records. Her relevant diagnoses were sprain/strain of the knee and leg, enthesopathy of the knee, internal derangement of the medial meniscus, arthritis and chondromalacia of the patella. Her past treatments have included physical therapy and knee bracing. Diagnostic studies included urine drug analyses. Her surgical history was not included in the medical records. At her follow up visit on 04/23/2014 she complained that her knee was worse. Upon physical exam she had crepitus in her right knee and it was tender to touch. Her medications included Naprosyn, topical cream including capsaicin and norco. Her treatment plan included physical therapy and hyalgan injections for the right knee. The rationale for the request for physical therapy 2x 6 right knee was improving strength, improving range of motion, and decreasing pain. The rationale for the request for hyalgan injections 1x3 right knee is due to underlying arthritis. The Request for Authorization was signed and dated 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x 6 Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODGMedline /pubmedhttp://health.nih.gov

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

Decision rationale: The request for Physical therapy 2x 6 Right knee is not medically necessary. The injured worker sustained a right knee injury and has complaints that it is getting worse. The California MTUS guidelines state active physical therapy is based on the thought that activity is beneficial for restoring flexibility, strength and endurance and may also relieve discomfort. Patients are instructed and expected to continue their active therapies at home with an exercise program taught by physical therapists during their treatment. Physical therapy should allow for lessening treatments each week in order for the patient to start their home exercise program while under a therapist's supervision in order to provide guidance and answer questions that may arise. The guidelines recommend 8-10 sessions of physical therapy. It is documented that she received physical therapy in the past without indication in the medical record as to how many visits she has completed. There is no documentation to indicate the injured worker had significant objective functional improvement with physical therapy in the past. Additionally, the request for 12 sessions of physical therapy would exceed the guideline recommendations. The documentation submitted does not support the request for physical therapy. Therefore, the request is not medically necessary.

Hyalgan Injections 1x3 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODGBellamy-Cochrane 2, 2005CTAF 2012Medline/Pubmed<http://health.nih.gov>

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: The request for Hyalgan Injections 1x3 right knee is not medically necessary. The injured worker sustained a right knee injury and had complaints that it was getting worse. She has an underlying diagnosis of arthritis to the right knee. The Official Disability Guidelines recommend hyaluronic acid injections for patients experiencing significantly symptomatic osteoarthritis with pain that interferes with functional activities which has not responded adequately to recommended conservative treatments or are intolerant of these therapies after at least 3 months. The guidelines note findings upon physical examination may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of synovium, in patients over 50 years of age. The guidelines also recommend evidence of failure to adequately respond to aspiration and injection of intra-articular steroids. Per the documentation, the injured worker had been diagnosed with osteoarthritis to the right knee with crepitus and tenderness upon palpation. The injured worker also had gastrointestinal upset related to the use of NSAIDs. However, there was a lack of documentation indicating the injured worker had pain that interferes with functional activities that has not responded adequately to conservative treatments or intolerance to these therapies. The documentation did not indicate the injured worker had physical exam findings including bony enlargement, less than 30 minutes of morning stiffness, and no palpable warmth of

synovium. There was no indication that the injured worker failed to adequately respond to aspiration and injection of intra-articular steroids. As the injured worker does not meet the criteria as presented by the guidelines, the request for the hyalgan injections is not supported. Subsequently, the request is not medically necessary.