

Case Number:	CM14-0074436		
Date Assigned:	07/16/2014	Date of Injury:	09/01/2004
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

This case involves a 65 year old male who sustained an injury on 09/01/2014. Per the 04/11/2014 the injured worker complains of numbness and tingling radiating down his neck, and left knee with significant atrophy and antalgic gait. It is documented that this is causing compensatory right knee pain and lumbar pain. Based on the 04/22/2014 progress report the injured worker's diagnosis include internal derangement of the left shoulder with rotator cuff tear; s/p left shoulder arthroscopy times two most recently in 2010; MRI of the cervical spine showing multilevel degenerative disc disease; MRI of the left shoulder on June 2013 revealing postsurgical changes with impingement of the AC joint; MRI of the left knee on 12/28/12 revealing lateral meniscus tear, medial meniscus tear and lateral compartment arthrosis and patellofemoral compartment arthrosis; MRI of the left knee on 12/28/12 revealing lateral meniscus tear, medial meniscus tear and lateral compartment arthrosis and patellofemoral compartment arthrosis; Synvisc One for the left knee multiple times most recently on November 2013; MRI studies of the left elbow on 6/6/13 revealing degenerative changes medially, s/p left elbow diagnostic and operative arthroscopy; and status post left knee diagnostic and operative arthroscopy on 9/27/13. The examination dated 04/22/2014 showed the left knee had trace effusion, well-healed arthroscopic portals, range of motion of 0-110 degrees, tenderness to palpation along the medial/lateral joint with positive patellofemoral crepitation and grind. The injured worker walks with antalgic gait. There were no examination findings for the left elbow that were indicated in the report. The request is for aquatic therapy 2 x 4 for the left knee and left elbow and a synvisc injection 6ml to the left knee. The utilization review determination being challenged is dated 5/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/7/13 to 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 Left Knee and Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS Chapter on Aquatic Therapy, pg. 22.

Decision rationale: This patient presents with left knee atrophy/antalgic gait and is status post left knee arthroscopic revision surgery on 9/27/13. Per the request for authorization dated 04/22/2014 the treating doctor is requesting aquatic therapy 2x6 for the left knee and left elbow. On 1/27/14, the treating doctor requested 12 sessions of aquatic therapy which appears to have been authorized. The treating doctor says to continue aquatic therapy because it is providing him with strength and aiding with pain reduction. Regarding aquatic therapy, the MTUS guidelines state aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the prior course of aquatic therapy combined with currently requested 12 sessions of aquatic therapy would exceed MTUS guidelines for this type of condition. In addition, the treating doctor does not explain why prior 12 sessions of therapy have been inadequate and the necessity of additional treatments other than on-going pain. As such, this request is not medically necessary.

Synvisc one Injection 6 ml to the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Chapter Knee/Leg, Chapter Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X ODG-TWC guideline has the following regarding hyaluronic acid injections:(<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>).

Decision rationale: This patient presents with left knee atrophy/antalgic gait and is s/p left knee arthroscopic revision surgery from 9/27/13. The treating doctor requested one synvisc injection 6ml to the left knee on 4/22/14. Per the 11/18/2013 report, the patient had an initial synvisc injection, date unknown, with noted relief for two months which helped with symptoms. The patient had a second synvisc injection on 11/18/13, the effect of which was not mentioned in subsequent reports. Regarding hyaluronic acid injections, Official Disability Guidelines (ODG) recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory

drug (NSAID)s or acetaminophen), to potentially delay total knee replacement. In this case, patient presents with symptoms of chondromalacia, for which hyaluronic acid injections are not indicated per ODG. Synvisc injections are only indicated for osteoarthritis, which this patient does not have. In addition, the patient's functional improvement from the prior synvisc injection is not provided, which ODG requires for repeat injections. Such as, this request is not medically necessary.

