

Case Number:	CM14-0091167		
Date Assigned:	08/13/2014	Date of Injury:	09/22/2006
Decision Date:	09/11/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 female with a work injury dated 9/22/06. The diagnoses include osteoarthritis. Under consideration is a request for water therapy, left knee and Orthovisc injection to left knee x 3. There is a primary treating physician report dated 5/15/14 that states that the patient presents for follow up of the left knee. She has increased pain with walking and stair climbing. Synvisc injections helped in 2012. She would like to try again and try water therapy. On exam there is medial and lateral joint line tenderness to palpation. There is full range of motion. There is no swelling. She is neurovascularly intact. Flouros- medial joint line narrowing in 2012. There is a request for flouros, water therapy, Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine page 98-99; aquatic therapy page 22 Page(s): 22.

Decision rationale: Water therapy left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines only recommend up to 10 visits for

this condition. The documentation does not indicate evidence of extreme obesity or intolerance to land therapy that requires water therapy. The patient has chronic knee pain and it is unclear how much therapy she has had in the past for this condition. Without evidence of the outcome and number of past visits of physical therapy for the knee she has had additional therapy cannot be certified. The request for water therapy left knee is not medically necessary.

Orthovisc injection to left knee x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Orthovisc injection to left knee x 3 is not medically necessary per the ODG Guidelines. The MTUS is silent on hyaluronic acid injections. The ODG states that the criteria for Hyaluronic acid injections include documented symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). The documentation does not indicate that the patient meets the definition of severe osteoarthritis of the knee according to the American College of Rheumatology which requires 5 out of the 9 ACR signs as stated above. Furthermore, the guidelines state in regards to repeat series of injections if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. The request for Orthovisc injection to left knee x 3 is not medically necessary as there is no documentation that the patient's prior hyaluronic acid injection lasted 6 months. The request for Orthovisc injection to left knee x 3 is not medically necessary.