

Case Number:	CM14-0201819		
Date Assigned:	12/12/2014	Date of Injury:	05/06/2011
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, has a subspecialty in Rheumatology 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 55 year old female with date of injury 5/6/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral knee pain since the date of injury. She has been treated with right knee arthroscopy and medial meniscectomy in 06/2014, physical therapy (56 total sessions), steroid injection and medications. MRI of the right knee performed in 01/2015 revealed changes consistent with medial meniscectomy and grade 1-2 chondromalacia patellae. Objective: full range of motion bilateral knees, mild effusion right knee. Diagnoses: mild to moderate osteoarthritis of the bilateral knees. Treatment plan and request: Additional physical therapy 2 x 6 for bilateral knees; Monovisc 4 ml into bilateral knees with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This 55 year old female has complained of bilateral knee pain since date of injury 5/6/11. She has been treated with right knee arthroscopy and medial meniscectomy in 06/2014, physical therapy (56 total sessions), steroid injection and medications. The current request is for additional PT 2 x 6 for the bilateral knees. Per the MTUS guidelines cited above, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The medical necessity/rationale for continued passive physical therapy is not documented in the available medical records. On the basis of the MTUS guidelines and available medical documentation, additional PT 2 x 6 for the bilateral knees is not indicated as medically necessary.

Injection of Monovisc 4ml into bilateral knees under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Ambulatory Care, 9th edition, page 356

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 55 year old female has complained of bilateral knee pain since date of injury 5/6/11. She has been treated with right knee arthroscopy and medial meniscectomy in 06/2014, physical therapy (56 total sessions), steroid injection and medications. The current request is for Monovisc 4 ml bilateral knees with ultrasound guidance. Per the MTUS guideline cited above, hyaluronate injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, viscosupplementation to the left knee (Monovisc) is not indicated as medically necessary in this patient.