

Case Number:	CM14-0203498		
Date Assigned:	12/16/2014	Date of Injury:	02/09/2012
Decision Date:	02/17/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was injured on 2/9/12 while slipping on some fluid at work, twisting her left knee. She was diagnosed with knee sprain/strain. She was treated with left total knee replacement (6/17/13), physical therapy, Synvisc injections, and medications. She was later determined to be permanent and stationary with continual left knee pain and swelling. On 10/22/14, the worker was seen by her primary treating physician reporting taking Tylenol or Advil for her left and right knee pain (right knee due to overuse). She also complained of instability of the right knee, left hip, and left knee. She was then recommended to have additional physical therapy (aquatic), viscosupplementation for the "right knee" (or cortisone injection). Later, on 10/28/14, the requesting provider submitted a request for physical therapy and Hyalgan injections series of five for the "left knee".

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/Aquatic Therapy 1-2 X 4-6weeks to the Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine. Page(s): 22, 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there was sufficient physical therapy sessions to be able to learn home exercises. Also, there was no indication found in the documentation suggesting the worker was not able to perform home exercises or unable to perform land-based exercises to warrant aquatic therapy. Also, there was no evidence to suggest she exhibited significant functional benefit from prior supervised sessions. Therefore, considering the above reasons, the aquatic physical therapy will be considered medically unnecessary at this stage in her treatment.

Hyalgan Injections Series of 5 to the Left Knee/AD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for Hyaluronic acid or Hylan

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

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, it appears as though a mistake may have been made for which knee the trial of Hyalgan injections was intended. The request was made for the left knee, whereas, the progress note states an interest for these injections to be for the right knee (since the left knee has already had a total knee replacement and injections would not be appropriate for the left knee). If this request was a mistake, then another request for the right knee injections is required to be submitted separately. If this request for left knee injections was not a mistake, however, then this would not be appropriate following a total knee replacement, and the left knee Hyalgan injections will be considered medically unnecessary.