

Case Number:	CM15-0108754		
Date Assigned:	06/15/2015	Date of Injury:	07/15/2009
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female who sustained an industrial injury on 07/15/2009. Current diagnoses include bilateral knee pain, status post left knee arthroscopic surgery, and tear of the posterior horn of the medial meniscus and anterior horn of the lateral meniscus, medial compartment osteoarthritis, joint effusion, and a Baker's cyst per MRI. Previous treatments included medications, left knee arthroscopic surgery on 07/2014, cortisone injections, physical therapy, and home exercises. Previous diagnostic studies include a MRI of the left knee on 03/19/2015. Report dated 04/28/2015 noted that the injured worker presented with complaints that included severe left knee pain. Pain level was 7 out of 10 (average) on a visual analog scale (VAS). Physical examination was positive for meniscal maneuvers in the left knee, decreased range of motion, and limping. The treatment plan included requests for a short course of physical therapy, one Synvisc injection for the left knee, and a second opinion orthopedic evaluation. Report dated 03/17/2015 notes that the previous request for physical therapy was authorized, but the injured worker had a trip planned for Mexico and was to start therapy when she returned. There was no documentation submitted that supports that the previously authorized 12 visits of physical therapy were completed. Disputed treatments include Synvisc injection for the left knee x 1 and physical therapy 2 times per week for 4 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection, Left Knee x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Hyaluronic acid injections.

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

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for left knee pain. She underwent arthroscopic surgery in July 2014. She has mild osteoarthritis by x-ray in November 2014. When seen, Norco and Relafen were providing pain relief and allowing her to exercise and remain functional. There was decreased range of motion and she was limping. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant has only mild arthritis and her current medications are effective. Therefore, the request Synvisc injection is not medically necessary.

Physical Therapy twice (2) per week for four (4) weeks for the Left Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for left knee pain. She underwent arthroscopic surgery in July 2014. She has mild osteoarthritis by x-ray in November 2014. When seen, Norco and Relafen were providing pain relief and allowing her to exercise and remain functional. There was decreased range of motion and she was limping. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.