

<b>Case Number:</b>	CM15-0134513		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 10, 2014. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for viscosupplementation of the knee and 12 sessions of the physical therapy for the same. The claims administrator referenced an RFA form received on June 12, 2015 in its determination along with an associated progress note of June 5, 2015. The applicant's attorney subsequently appealed. On June 5, 2015, the applicant reported ongoing complaints of knee and leg pain. The applicant had apparently gone back to work. The applicant was described as having grade 3 chondral lesion about the medial femoral condyle. A knee effusion was appreciated. The applicant underwent a knee aspiration. In a progress note dated April 24, 2015, the applicant reported ongoing complaints of knee pain status post earlier partial medial meniscectomy, partial lateral meniscectomy, and chondroplasty. The applicant reported soreness about the knee ranging from 4 to 9/10. The applicant exhibited effusion and joint space tenderness. Viscosupplementation injection therapy was sought. The attending provider suggested that the applicant had significant knee chondromalacia about the medial femoral condyle. The applicant was asked to return to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one for left knee (single dose hyaluronic acid injection for left knee):** Overturned

**Claims Administrator guideline:** The Claims Administrator 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687 VISCOSUPPLEMENTATION INJECTIONS.

**Decision rationale:** Yes, the request for a Synvisc (viscosupplementation) injection for the knee was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of viscosupplementation (Synvisc) injections for the knee. However, the Third Edition ACOEM Guidelines Knee Chapter notes that intraarticular knee viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis. ACOEM also notes that viscosupplementation injections have been employed to treat pain after arthroscopy and meniscectomy. Here, the applicant was 50 years old, had undergone earlier knee partial medial and partial lateral meniscectomy surgery, was described as having operative findings, which included significant chondromalacia, and exhibited a visible knee effusion with diminished range of motion appreciated on June 5, 2015. The applicant's presentation, thus, was strongly suggestive of clinically-evident, operatively-confirmed knee arthritis, for which the Synvisc (viscosupplementation) injection was indicated. Therefore, the request was medically necessary.

**Physical therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Conversely, the request for 12 sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment as issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicant should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, it was not clearly stated, thus, why such a lengthy formal course of physical therapy was proposed in the face of the applicant's already having successfully returned to work. The applicant was described on June 5, 2015 as having returned to modified duty work as of that date. An earlier note of March 10, 2015 stated that the applicant had returned to regular duty work. It was not clearly stated or clearly established, thus, why the applicant was incapable of transitioning to self-directed, home-based physical medicine, just as she had already returned to regular duty work. Therefore, the request for 12 sessions of physical therapy was not medically necessary.