

<b>Case Number:</b>	CM15-0142808		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 62 year old male who sustained an industrial/work injury on 8-11-06. He reported an initial complaint of left knee pain. The injured worker was diagnosed as having knee sprain, neck sprain-strain, rotator cuff sprain, degeneration of cervical intervertebral disc, and chronic pain syndrome. Treatment to date includes medication, Orthovisc knee injection in 10-1-14, and physical therapy. MRI results were reported on 2-25-09. Currently, the injured worker complained of constant achy, shooting left knee pain rated 6 out of 10, joint pain, stiffness, and insomnia. Per the secondary physician's report (PR-2) on 6-15-15, exam revealed an antalgic gait, left knee swelling, and reduced range of motion to 70 percent with crepitation, tenderness over the medial and lateral joint lines. Current plan of care included therapy and injection. The requested treatments include Orthovisc injection for the left knee and six physical therapy sessions for the neck, left knee, and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection for the 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 (ODG).

**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 injury in August 2006 and continues to be treated for left knee pain. He underwent knee arthroscopy within five years ago. When seen, he was having increasing knee pain. Physical examination findings included decreased range of motion with medial compartment tenderness and patellofemoral crepitus. There was an effusion. There was decreased strength. Imaging results were obtained showing advanced medial compartment arthritis. The claimant has a significant cardiovascular history and takes Plavix which were relative contraindications to a total knee replacement which was under consideration. Recent treatments included completion of 12 physical therapy sessions for neck pain. Authorizations for additional physical therapy and for repeat viscosupplementation injections were requested. Prior injections in October 2014 had provided eight months of functional benefit including improved walking tolerance. 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. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant had sustained improvement after injections done in October 2014. Knee replacement surgery is relatively contraindicated at this time. A repeat series is medically necessary.

**Six physical therapy sessions for the neck, left knee and bilateral shoulders:** Upheld

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

**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 injury in August 2006 and continues to be treated for left knee pain. He underwent knee arthroscopy within five years ago. When seen, he was having increasing knee pain. Physical examination findings included decreased range of motion with medial compartment tenderness and patellofemoral crepitus. There was an effusion. There was decreased strength. Imaging results were obtained showing advanced medial compartment arthritis. The claimant has a significant cardiovascular history and takes Plavix which were relative contraindications to a total knee replacement which was under consideration. Recent treatments included completion of 12 physical therapy sessions for neck pain. Authorizations for additional physical therapy and for repeat viscosupplementation injections were requested. Prior injections in October 2014 had provided eight months of functional benefit including improved walking tolerance. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled

therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.