

Case Number:	CM15-0148952		
Date Assigned:	08/12/2015	Date of Injury:	06/09/2005
Decision Date:	09/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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, California
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 6-9-05 resulting in a diagnosis of medial meniscus tear, medial compartment chondromalacia of the right knee. She has had therapy and responded well in the past (per 5-7-15 note). There was no indication of number of treatments received or functional improvement. She currently complains of right knee pain, swelling and tenderness. She has difficulty getting in and out of a car and difficulty driving. On physical exam of the right knee revealed there was tenderness along the medial joint line, positive medial McMurray, patellofemoral crepitation, limited range of motion. The patient has had diagnosis of knee arthritis. Diagnosis was medial compartment degenerative joint disease and history of a medial meniscus tear. Diagnostics include MRI of the right knee (5-28-15) showing medial meniscus tear, medial compartment chondromalacia, patellofemoral chondromalacia, small knee joint effusion, tendinosis. On 7-20-15 Utilization Review evaluated requests for physical therapy twice per week for six weeks; orthovisc injection; hinged patella knee brace for the right knee. The patient had received an unspecified number of PT visits for this injury. The medication list includes Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98.

Decision rationale: Physical therapy 2 x 6. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no objective evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy 2 x 6 is not fully established for this patient, therefore is not medically necessary.

Orthovisc injection: Upheld

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.

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 (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: Orthovisc injection: California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement. The patient had received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory

medications) was not specified in the records provided. The medical necessity of the request for Orthovisc injection is not fully established in this patient.

Hinged patella knee brace for the right knee: Upheld

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, Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340 Activity alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/15) Knee brace.

Decision rationale: Hinged patella knee brace for the right knee, Per the ACOEM guidelines cited below “A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical.” For the average patient, using a brace is usually unnecessary. In addition per the ODG Guidelines knee brace is recommended for, 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair, 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis, and 10. Tibial plateau fracture. Any evidence of recent surgery of the right knee was not specified in the records provided. The radiology reports of imaging studies of the knees are not specified in the records provided. The presence of any of these indications in this patient was not specified in the records provided any evidence of the need for stressing the knee under load such as climbing ladders or carrying boxes was not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. Detailed response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Hinged patella knee brace for the right knee is not fully established for this patient.