

Case Number:	CM15-0169328		
Date Assigned:	09/10/2015	Date of Injury:	10/02/2013
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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, Illinois

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:

This 52 year old man sustained an industrial injury on 10-2-2013 Diagnoses include left knee meniscus tear, left shoulder supraspinatus tendinosis with partial tear, left shoulder labrum tear, and left shoulder bursitis. Treatment has included oral medications, knee brace, surgical intervention, physical therapy, steroid injection into the shoulder and knee, and home exercise program. Physician notes dated 6-17-2015 show complaints of right shoulder rated 4-9 out of 10, increasing symptoms in the left knee rated 9 out of 10, and back pain. Physical examination shows decreased range of motion to the shoulder, tenderness to palpation of the shoulder, left knee with positive Apley compression testing, and decreased lumbar spine range of motion. Recommendations include Orthovisc injection series to the left knee, physical therapy, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 X 4, right shoulder and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The injured worker sustained a work related injury on 10-2-2013 Diagnoses include left knee meniscus tear, left shoulder supraspinatus tendinosis with partial tear, left shoulder labrum tear, and left shoulder bursitis. Treatment has included oral medications, knee brace, surgical intervention, physical therapy, steroid injection into the shoulder and knee, and home exercise program. The medical records provided for review do not indicate a medical necessity for Physical therapy 2 X 4, right shoulder and left knee. The medical records indicate the injured worker had no benefit from 24 postsurgical physical medicine treatment for the left knee; 8 postsurgical physical medicine treatment visit for the left shoulder; and 16 physical therapy visits for the left shoulder. The MTUS Chronic pain guidelines recommends a fading treatment of 8-10 physical therapy visits followed by home exercise program. In this case, there is lack of improvement with previous physical Medicine, therefore the requested treatment is not medically necessary.

Orthovisc injection series of 3 to the left 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 Chapter, 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 injured worker sustained a work related injury on 10-2-2013 Diagnoses include left knee meniscus tear, left shoulder supraspinatus tendinosis with partial tear, left shoulder labrum tear, and left shoulder bursitis. Treatment has included oral medications, knee brace, surgical intervention, physical therapy, steroid injection into the shoulder and knee, and home exercise program. The medical records provided for review do not indicate a medical necessity for Orthovisc injection series of 3 to the left knee. The MTUS is silent on it, but the Official Disability Guidelines recommends three series of Orthovisc (Hyaluronic acid) injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. The medical records do not indicate the injured worker has been diagnosed of severe osteoarthritis of the knee. The request is not medically necessary.