

Case Number:	CM15-0188236		
Date Assigned:	09/30/2015	Date of Injury:	03/11/2013
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, 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:

This is a 57 year old female with a date of injury on 3-11-13. A review of the medical records indicates that the injured worker is undergoing treatment for low back and bilateral knee pain. Progress report dated 8-20-15 reports continued complaints of mid to low back pain, bilateral wrist pain and bilateral knee pain. She has severe spasms in the lower back that limits her activity. The pain is rated 8-9 out of 10. Upon exam, she ambulates without an assistive device, bilateral lower extremities notes nothing abnormal. Treatments have included: medication, physical therapy, injections, and bilateral knee arthroscopies. MRI right knee (7-8-15) revealed a partial medial and probably a partial lateral meniscectomy, a tiny zone of horizontal tearing of the junction of the mid zone and anterior horn of the lateral meniscus. MRI of left knee showed a portion of the medial meniscus has been resected. The remainder is normal. Work status: working with restrictions. Request for authorization dated 8-19-15 was made for Monovisc injection bilateral knees one injection per knee and physical therapy 2 times per week for 6 weeks. Utilization review dated 8-27-15 partially approved the request to one Monovisc injection to the left knee and 2 visits of physical therapy for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monovisc injection 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 Chapter, Criteria for 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 chapter and pg 35.

Decision rationale: According to the guidelines, hyaluronic injections are indicated for those who meet the criteria for arthritis. In this case, there is no mention of degenerative changes, crepitus, effusion, etc. There was no formal diagnosis of osteoarthritis on imaging or exam. As a result, the request for a Monovisc injection is not medically necessary.

6 physical therapy visits for the bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Initial Care, Follow-up Visits, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, therapy is intended for 8 -10 sessions with subsequent therapy to be done in a home exercise plan. In this case, the claimant's surgery was remote and amount of knee physical therapy performed is unknown. The claimant had undergone therapy since at least 2014. The request for an additional 6 sessions of physical therapy is not medically necessary.