

<b>Case Number:</b>	CM15-0198733		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/05/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina

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 36 year old male who sustained an industrial injury on 5-5-15. He is temporarily totally disabled. The medical records indicate that the injured worker is being treated for right knee patellofemoral early osteoarthritis. He currently (7-13-15) complained of pain in the right knee with flexion and squatting. On physical exam (8-31-15) of the right knee there was some crepitus with range of motion, some tenderness to palpation along the lateral patellar facet. He has undergone an MRI (5-19-15) of the right knee which showed right knee effusion with patellofemoral chondromalacia. His treatments included cortisone injection to the right knee (7-13-15) with complete relief of symptoms for 2 weeks; physical therapy (as of 8-7-15 had 4 sessions with minor improvements; acupuncture; left foot surgery for tendon and also some compartment releases; medications: Voltaren, Nexium. In the progress note dated 8-31-15 the treating provider recommended orthovisc injection and after the 1st injection to continue with physical therapy to work on quadriceps strengthening, hamstring stretching. The request for authorization dated 9-3-15 was for orthovisc injection times 3 series to the right knee with ultrasound guidance; 12 sessions of physical therapy. On 9-22-15 Utilization Review non-certified the requests for orthovisc injection times 3 series to the right knee with ultrasound guidance; 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injection x 3 series to the right knee with ultrasound guidance:** 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 (acute & chronic), Hyaluronic acid injections, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hyaluronic acid injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does not have the diagnosis of moderate to severe osteoarthritis and has had documented good response to conservative therapy and therefore the request is not medically necessary.

**12 Sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

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

**Decision rationale:** Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.