

Case Number:	CM15-0021058		
Date Assigned:	02/10/2015	Date of Injury:	11/16/2011
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female with an industrial injury on 11/16/2011. On 01/06/2015 the injured worker presented for follow up for problems with her right knee. She notes episodes of locking, snapping and catching. Physical exam revealed no effusion. There was pain along the parapatellar areas of both knees. Quadriceps strength was deficient. Patella compression test was positive. The provider recommended Visco supplementation for both knees and aqua therapy. Prior treatment included right knee arthroscopic synovectomy, partial medial meniscectomy and chondroplasty of the patello femoral joint and medial femoral condyle. She also had a second knee surgery. Diagnoses include: Bilateral upper extremity tendinitis, Left chronic knee sprain, Lumbar disc disease with right lower extremity radiculopathy. On 01/16/2015 the request for Orthovisc injection to the bilateral knees times 6 injections (2 x 3) was modified to Orthovisc injection to the bilateral knees times 5 injections. Orthovisc injection to the bilateral knees times 1 injection was non-certified by utilization review. MTUS/ACOEM is silent. ODG was cited. The request for aqua physical therapy two times a week for 4 weeks for bilateral knees was non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection to the bilateral knees x6 injection (2x3 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic Acid Injections, pages 311-313

Decision rationale: Current symptoms and objective findings are noted in the patella with positive patella compression test. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request. The Orthovisc injection to the bilateral knees x6 injection (2x3 weeks) is not medically necessary and appropriate.

Aqua physical therapy 2 times a week or 4 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery with last knee surger on 5/21/14 nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. The patient was deemed P&S per report of 11/3/14. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and

work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua physical therapy 2 times a week or 4 weeks for the bilateral knees is not medically necessary and appropriate.