

Case Number:	CM15-0022071		
Date Assigned:	02/11/2015	Date of Injury:	09/23/2011
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 22 year old male, who sustained an industrial injury on 9/23/2011, after a trip and fall, injuring both knees. The diagnoses have included other post-procedural status. Treatment to date has included surgical (right knee arthroscopy with lateral release 1/2014) and conservative measures. Treatment included follow-up Euflexxa injections, noted as basically relieving his right knee symptomatology altogether. Currently, the injured worker complains of left knee discomfort, reported as pain and grinding. The progress report, dated 1/27/2015, noted that previous x-rays revealed that the patella was centralized in the trochlear notch and a large anterolateral femoral condylar spur was noted. He wished to avoid surgery on the left side. Exam of the left knee revealed a minimally positive J-sign and minimal tenderness along the lateral patellar facet. Range of motion was 0-120 degrees, with patellofemoral crepitation and discomfort. Current medication regime was not noted. Treatment plan included Euflexxa injections for the left knee, as well as 12 physical therapy sessions. On 1/21/2015, Utilization Review non-certified a request for a series of Euflexxa injection for left knee under ultrasound, #3, citing Official Disability Guidelines, non-certified a request for physical therapy for the left knee, 12 sessions, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Euflexxa injection for left knee under ultrasound #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is "Recommended 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, but in recent quality studies the magnitude of improvement appears modest at best." There is no documentation that the patient suffered from osteoarthritis that failed medications and physical therapy. There is no clinical and radiological evidence of severe osteoarthritis. Therefore, the prescription of Left knee Euflexxa injections is not medically necessary.

12 physical therapy sessions to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with

substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)." There is no documentation that the patient cannot perform home exercise. Therefore, the request for 12 physical therapy sessions to the left knee is not medically necessary.