

Case Number:	CM15-0034119		
Date Assigned:	03/02/2015	Date of Injury:	12/03/2012
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: California

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:

The injured worker is a 46 year old male who sustained an industrial injury on 12/03/2012. Current diagnoses include chondromalacia patello-femoral and medial meniscus tears (right). Previous treatments included medication management, left knee surgery on 03/19/2013, physical therapy, and home exercise program. Report dated 12/29/2014 noted that the injured worker presented with complaints that included knee pain. Physical examination was positive for abnormal findings. Utilization review performed on 02/17/2015 non-certified a prescription for synvisc injections x 5 (left knee), vocational rehab, and physical therapy 3x3, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections times 5 (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 Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Synvisc injections times 5 (left knee) are not medically necessary.

Vocational Rehab: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 125-126.

Decision rationale: The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. There is no documentation in the medical record that the patient underwent the above screening. Vocational Rehab is not medically necessary.

Physical Therapy 3 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical Therapy 3 times a week for 3 weeks is not medically necessary.