

Case Number:	CM15-0034654		
Date Assigned:	03/03/2015	Date of Injury:	01/06/2009
Decision Date:	09/09/2015	UR Denial Date:	01/29/2015
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, Arizona

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 61 year old individual who sustained an industrial injury on 1/6/09. Diagnoses are lumbar spine disc bulge, right knee internal derangement, and status post left knee surgery-2/8/12. In a progress report dated 11/18/14, a treating provider notes low back, right and left knee/leg pain. Light touch sensation of the right mid anterior thigh, right mid lateral calf and right lateral ankle are intact. In a progress report dated 1/6/15, a treating provider notes the injured worker complains of constant pain in bilateral knees, aggravated by walking and standing. Complaints of pain are noted in the lower back, right knee/leg and left knee/leg. There is 2+ tenderness and painful range of motion to bilateral knees. Portions of the record are illegible. Work status is not indicated. The treatments requested are left knee synvisc injection, right knee arthroscopy, right knee synvisc injection, acupuncture, and 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:

Left knee synvisc injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg / Hyaluronic Acid.

Decision rationale: According to the Office Disability Guidelines, viscosupplementation injections are indicated in cases of severe symptomatic osteoarthritis. In this case, there is no imaging evidence or physical examination evidence to support a diagnosis of severe symptomatic osteoarthritis. There is no documentation stating failure of conservative measures prior to viscosupplementation, to include physical therapy, and/or corticosteroid injections to the knee. Based on the documentation reviewed, and in consideration of applicable guidelines, this service is not medically necessary at this time.

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 107.

Decision rationale: According to the ACOEM, arthroscopy for meniscal pathology may be indicated when there are clear indicators of meniscal pathology on physical examination on MRI. Arthroscopy may also be indicated when there is failure to respond to a strengthening program, including a formal course of physical therapy. The injured worker was noted to have knee pain, with painful range of motion. There is no mention of failure to respond to a course of physical therapy. There are no signs on physical exam that strongly suggest meniscus injury. There is no MRI available to review. Based on the documentation reviewed and in consideration of applicable guidelines, this service is not medically necessary at this time.

Right knee synvisc injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg / Hyaluronic Acid.

Decision rationale: According to the Office Disability Guidelines, viscosupplementation injections are indicated in cases of severe symptomatic osteoarthritis. In this case, there is no imaging evidence or physical examination evidence to support a diagnosis of severe symptomatic osteoarthritis. There is no documentation stating failure of conservative measures prior to viscosupplementation, to include physical therapy, and/or corticosteroid injections to the knee. Based on the documentation reviewed, and in consideration of applicable guidelines, this service for right knee synvisc injection is not medically necessary at this time.

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. There is no mention of the location of treatment for acupuncture services, or frequency of acupuncture treatments. As a result, the request for acupuncture is not medically necessary at this time.

Physical therapy for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 17.

Decision rationale: According to ACOEM Aerobic and strengthening exercises appear most helpful for the rehabilitation of most chronic knee pain conditions. Consultation with a physical therapist to determine the most appropriate exercises for the patient is recommended. The injured worker has ongoing pain, with painful range of motion. According to the ODG, a 6-visit initial trial of therapy would be indicated to determine if the worker is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). When treatment duration or number of visits exceeds the guidelines, exceptional factors should be noted. It is unknown how many sessions of physical therapy this worker has completed for the bilateral knees. There is no mention as to the number of visits requested. As a result physical therapy for the knees is not medically necessary at this time.