

<b>Case Number:</b>	CM15-0049889		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Texas, New York, 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 47 year old female who sustained an industrial injury on 09/22/2011. Current diagnoses include right knee sprain/strain injury, right knee meniscal injury, right knee contusion injury, status post knee contusion with flare-up right knee pain, and right knee internal derangement. Previous treatments included medication management, elastic knee support, heat/ice, acupuncture, TENS unit, and physical therapy. Previous diagnostic studies included x-rays and MRI's of the right knee. Report dated 02/25/2015 noted that the injured worker presented with complaints that included a severe flare-up of right knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included review of the injured workers medical records and medication usage, encourage the injured worker to do exercises at no pain range and to apply modality treatment on an as needed basis, recommendation for a cortisone injection to the right knee as well as Synvisc injection right knee, increase Tramadol, and continue Prilosec. Disputed treatments include Synvisc injection for the right knee (3 injections), cortisone injection for the right knee, and physical therapy for the right knee (8 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections for the right knee, QTY: 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 (ODG), Knee & Leg, Hyaluronic injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Knee Specific Diagnoses Knee Pain and Osteoarthritis Injections Viscosupplementation Injections.

**Decision rationale:** No, the request for knee viscosupplementation (Synvisc) injections was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of viscosupplementation injections (Synvisc) injections. While the Third Edition ACOEM Guidelines Knee Chapter does recommend viscosupplementation injection therapy in applicants with moderate-to-severe knee osteoarthritis which has proven recalcitrant to conservative management, in this case, however, the applicant was given an operating diagnosis of knee pain secondary to a knee contusion with suspected meniscal derangement of the same. This is not an ACOEM-endorsed role for Synvisc (viscosupplementation) injection therapy. Therefore, the request was not medically necessary.

**Cortisone injection to the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Corticosteroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** Conversely, the request for a cortisone injection to the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346, aspirations and injections are recommended in individuals with tense prepatellar bursitis and/or acute knee joint effusion. Here, the attending provider maintained that the applicant had developed a flare of bursitis/tendonitis on or around the February 25, 2015 office visit in question. Performing a knee corticosteroid injection was, thus, indicated to combat the same. Therefore, the request was medically necessary.

**Physical therapy for the right knee, QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Physical therapy.

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

**Decision rationale:** Finally, the request for eight sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the attending provider's documentation did suggest that the applicant had returned to and/or achieved full-time work status as of an office visit of February 6, 2015. The applicant did not appear to have significant residual physical impairment present on office visits of February 25, 2015 and February 6, 2015 which would have compelled the lengthy, eight-session course of physical therapy in question. Rather, it appeared that the applicant was, in fact, capable of transitioning to self-directed home exercises, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

