

Case Number:	CM15-0052837		
Date Assigned:	03/26/2015	Date of Injury:	06/04/2009
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 4, 2009. In a Utilization Review report dated February 24, 2015, the claims administrator partially approved a request for eight sessions of physical therapy as two sessions of physical therapy and denied viscosupplementation (Synvisc) injection outright. The claims administrator referenced a progress note and RFA form of February 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a March 28, 2015 RFA form, the attending provider appealed a previously denied viscosupplementation (Synvisc) injection. In a progress note dated February 17, 2015, the applicant was placed off of work, on total temporary disability owing to bilateral knee pain complaints. The applicant was given a diagnosis of knee arthritis of the right knee. Viscosupplementation injection was endorsed. Overall commentary was sparse. It was not clearly stated how the diagnosis of knee arthritis had been arrived upon. The attending provider stated that the applicant had received previous viscosupplementation injection therapy. On January 13, 2015, the applicant reported ongoing complaints of knee pain. The applicant exhibited a visible limp. The applicant was using Norco, Naprosyn, Voltaren, Zofran, Soma, Flexeril, Lyrica, it was acknowledged at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy, physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-physical therapy, arthritis, physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While the eight-session course of treatment proposed is compatible with the 9 to 10 sessions of physical therapy recommend on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary in various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on a variety of analgesic agents, including opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. No clear rationale for further treatment, going forward, was proffered by the attending provider. Therefore, the request was not medically necessary.

Right knee Synvisc injection: 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-Viscosupplementation, knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3.

Decision rationale: Similarly, the request for a knee Synvisc (viscosupplementation) injection was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do acknowledge that intraarticular knee viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was/is present here, in this case, however, the attending provider documentation was sparse and did not clearly establish how the diagnosis of knee arthritis had been arrived upon. It is further noted that the applicant had received multiple viscosupplementation injections over the course of the claim, including in 2015 alone and had, furthermore, failed to profit from the same. The applicant remained off of work, on total temporary disability, despite receipt of multiple viscosupplementation injections, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of the same. Therefore, the request was not medically necessary.