MAXIMUS Federal Services

Case Number:	CM15-0081078		
Date Assigned:	05/01/2015	Date of Injury:	04/05/2014
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 4/5/14. Initial complaints are not noted. The injured worker was diagnosed as having left knee patellofemoral chondromalacia, lateral tilt; left hip sacroiliac strain with mild osteoarthritis; lumbar strain compensatory due to antalgic gait pattern. Treatment to date has included physical therapy. Diagnostics included MRI left knee (9/25/14). Currently, the PR-2 notes dated 3/3/15 indicated the injured worker notes mild improvement regarding left hip and low back complaints since completing 6 sessions of physical therapy with an attempt to home exercise. However, finds it still difficult and symptomatic and Tylenol mildly effective with no side effects. She has noted persistent symptoms about the left knee of anterior medial discomfort with catching pain with knee bends. The physical examination demonstrates lumbar and left hip with tenderness to palpation left greater than right paraspinals, left SI joint mildly, minimal Faber reproducing low back and left hip discomfort. There is a minimally reduced range of motion, negative impingement, and negative straight leg raise. The left knee is tender to palpation about the mid joint line, positive Apley, negative Homan's sign. The provider notes ongoing left knee complaints with evidence of chondromalacia per MRI. The provider is requesting additional physical therapy 2 times per week for 3 weeks to left hip and Supartz injection x 5 to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 3 weeks to left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that the patient has had a significant amount of PT and, while there is documentation of improvement with previous sessions, there is no clear rationale as to why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy given that the amount of PT to date has well exceeded the recommendations of the guidelines. In light of the above issues, the currently requested physical therapy is not medically necessary.

Supartz injection x 5 to 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 (ODG), Knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Supartz injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of exam or imaging findings supporting a diagnosis of severe osteoarthritis of the knee interfering with functional activities not attributed to other forms of joint disease. Furthermore, there is no documentation of

failure of conservative management including injection of intra-articular steroids. In the absence of such documentation, the currently requested Supartz injections are not medically necessary.