MAXIMUS Federal Services

Case Number:	CM15-0082458		
Date Assigned:	05/04/2015	Date of Injury:	05/26/1997
Decision Date:	06/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on May 26, 1997. She has reported back pain, hip pain, and knee pain. Diagnoses have included knee joint pain, knee joint stiffness, osteoarthritis of the knee, joint instability of the knee, chronic pain syndrome, reflex sympathetic dystrophy, lumbosacral spondylosis, depression, and anxiety. Treatment to date has included medications, physical therapy, knee injections, lumbar epidural steroid injection, surgeries, and imaging studies. A progress note dated April 15, 2015 indicates a chief complaint of bilateral knee pain. The treating physician documented a plan of care that included orthovisc injections of the knee and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy for aquatic exercise: 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 and Leg (Acute & Chronic), Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 12 sessions of physical therapy for aquatic exercise not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are knee joint pain; knee joint stiffness; morbid obesity; localized primary osteoarthritis of the knee; joint instability of the knee; and mechanical complication of internal orthopedic device, implants and graft. The documentation in the medical record shows the injured worker received aquatic therapy in 2012. The injured worker has a BMI of 53.3 (5'3", 301 pounds). The total number of physical therapy and or aquatic therapy visits is not documented in the medical record. Aquatic therapy may be recommended for this injured worker based on the BMI of 53.3 whereby aquatic therapy can minimize the effects of gravity. However, a six visit clinical trial is appropriate to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy/aquatic therapy). There are no compelling clinical facts indicating 12 physical therapy/aquatic therapy sessions are clinically indicated. Consequently, absent clinical documentation with prior physical therapy/aquatic therapy progress notes, evidence of objective functional improvement and compelling clinical facts indicating additional physical therapy (over and above a six visit clinical trial), aquatic therapy 12 sessions of physical therapy for aquatic exercise not medically necessary.

1 Series of 3 orthovisc injections to the right 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 and Leg (Acute & Chronic), Hyaluronic acid injections (2015).

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 section, Orthovisc.

Decision rationale: Pursuant to the Official Disability Guidelines, 1 series of 3 orthovisc injections to the right knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment;

documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are knee joint pain; knee joint stiffness; morbid obesity; localized primary osteoarthritis of the knee; joint instability of the knee; and mechanical complication of internal orthopedic device, implants and graft. The documentation in the medical record shows the injured worker received aquatic therapy in 2012. The injured worker has a BMI of 53.3 (5'3", 301 pounds). The documentation shows the injured worker received an orthovisc injection in 2012. Documentation points to subjective relief based on the prior injection. According to the progress note dated April 15, 2015 (request for authorization April 17, 2015), the injured worker is not a surgical candidate and received a steroid injection on the same date as the request for authorization for the orthovisc injection request. The guidelines recommend orthovisc when there is a failure to adequately respond to aspiration and injection of intra-articular steroids. The request for Orthovisc is premature based on the intra-articular steroid injection provided. Additionally, there is no evidence supporting nonpharmacologic treatment (ongoing physical therapy/aquatic therapy) to warrant the orthovisc series. Consequently, absent clinical documentation with a clinical response to the steroid injection and ongoing conservative nonpharmacologic (physical therapy/aquatic therapy), 1 series of 3 orthovisc injections to the right knee is not medically necessary.