

Case Number:	CM15-0084065		
Date Assigned:	05/06/2015	Date of Injury:	08/16/2014
Decision Date:	06/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 (IW) is a 35-year-old female who sustained an industrial injury on 08/16/2014. Diagnoses include contusion of the knee. Treatments to date include medications. According to the progress report dated 9/23/14, the IW reported persistent right knee and lower leg pain aggravated by certain movements and relieved by medication. On examination, there was tenderness to palpation of the anterolateral aspect of the right knee and lower leg. An appointment for an orthopedic referral was scheduled. A request was made for Supartz injections x 3 to the right knee and physical therapy three times a week for four weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections x3 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 (ODG), Knee Chapter, Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM 3rd Edition Knee disorders

<http://www.guideline.gov/content.aspx?id=36632> FDA Prescribing Information
<http://supartzprofessional.com/docs/PackageInsert.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) indicates that invasive techniques are not routinely indicated. ACOEM 3rd Edition (2011) does not recommend Hyaluronic acid injections for knee disorders. Per FDA guidelines, Supartz (Hyaluronan) is indicated for the treatment of pain in osteoarthritis (OA) of the knee. The orthopedic report dated 10/28/14 documented that the magnetic resonance imaging MRI of the right knee was reviewed, and demonstrates chondromalacia of the patellofemoral joint, no fracture or dislocation, and no meniscus tears. The patient was 34 years old. The date of injury was 8/16/14. The MRI was performed on 10/22/14. The hospital report dated 8/25/14 documented negative X-rays. No osteoarthritis was documented on imaging studies. X-ray of the right knee dated 9/2/14 demonstrated a normal knee. Therefore, Supartz (Hyaluronan) is not indicated, per FDA guidelines. Therefore, the request for Supartz (Hyaluronan) is not medically necessary.

Physical therapy 3x4 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for meniscectomy, 12 visits of postsurgical physical therapy are recommended. MTUS Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The orthopedic report dated 10/28/14 documented that the MRI of the right knee was reviewed, and demonstrates chondromalacia of the patellofemoral joint, no fracture or dislocation, and no meniscus tears. The patient was 34 years old. The date of injury was 8/16/14. The MRI was performed on 10/22/14. The orthopedic report dated 2/17/14 documented that right knee arthroscopy was performed on

1/10/15. Partial medial meniscectomy was performed. The orthopedic progress report dated 3/17/15 demonstrated right knee range of motion from 0 degrees extension to 90 degrees flexion. Strength was 4- out of 5 in the quadriceps and hamstrings. The PT physical therapy report dated 3/2/15 documented that PT physical therapy started 1/27/15 and the total number of visits was twelve (12). MTUS Postsurgical Treatment Guidelines indicate that for meniscectomy, 12 visits of postsurgical physical therapy are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 12 additional PT physical therapy visits exceeds MTUS guidelines, and is not supported by ODG guidelines. Therefore, the request for additional 12 PT physical therapy visits not medically necessary.