| **MTUS EVIDENCE BASED UPDATES** | **RULEMAKING COMMENTS**  **30 DAY COMMENT PERIOD** | **NAME OF PERSON/ AFFILIATION** | **RESPONSE** | **ACTION** |
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| General Comment | Commenter appreciates and supports the adoption of the proposed updated ACOEM guidelines and urges the Division to continue to adopt revised ACOEM guidelines expeditiously as they become available. Especially the guidelines regarding the changes due to COVID-19. | Diane Przepiorski  California Orthopaedic Association  July 23, 2020  Oral Comment | Noted. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019) | Commenter opines that, in general, this is a well written and highly researched piece of work, however, a bit dated. Commenter notes that he did not see references past 2012/2013, and many were from 2010 or earlier. Therefore, regarding areas like injection recommendations, he opines that this could be an issue. Nothing looked WRONG. But the recommendations seem due for an over haul, like the ACURA MDX, a 2014 model that has been top in class for 7 years but ready for new updates.  Commenter opines that the impact is that there are very slight misaligned weighing of recommendation and rating. He notes that some categories may be off target in the explanation of a recommendation. Commenter understands that it has a specific purpose for the occupational medicine framework with both cost and quality control.  Commenter notes that the authors try to use mostly RCTs, or else no evidence. However, a lot of biomechanics and are convenience samples and 16-25 subjects per group, so level III evidence, so it is missing a lot of useful and important studies throughout the review. Commenter recommends using several level III studies with strong design as at least a recommendation but insufficient information. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. There are many trials dated 2018 referenced in the Knee Disorders Guideline. ACOEM’s guidelines are developed by applying a transparent, published methodology that includes panel reviews and external peer reviews. This process takes time. Nevertheless, the Knee Disorders Guideline certainly referenced trials later than 2012 and 2013.  Disagree. For purposes of developing treatment recommendations, ACOEM’s methodology requires that only moderate-to high-quality literature be used in making recommendations. Reliance on a strict scientific interpretation of the evidence does not allow ACOEM to state that there is support for interventions that are not supported by Randomized Control Trials (RCTs). In addition, ACOEM recognizes that RCT’s vary and could be of such low quality that it cannot be used to support a recommendation. Assimilating studies other than RCTs is not scientific. If the literature is of unacceptable quality, and hence likely to be wrong, it doesn’t matter if it is wrong due to one critical flaw or as the result of several critical flaws. | None.  None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Pages 6, 92, 94 | Commenter states that from 2013-2020 there seem to be some updated studies available. TENs may be effective in OA (osteoarthritis) but only with pain and not functional change. Commenter states that this should be analyzed further with specific recommendations. He opines that this is not a high impact issue but that at some point it needs some clean up.  Commenter references the following studies that support the use of TENS in OA with both pain reduced and functional improvement one year out.  Commenter states that here is an abstract from 2015 that supports the TENs versus IFC.  C Zeng, H Li, T Yang, Z h Deng, Y Yang, G h Lei. Electrical stimulation for pain relief in knee osteoarthritis: systematic review and network meta-analysis. *Osteoarthritis Cartilage.2015 Feb:23(2):189-202*  Jeffrey Jai Cherian, Paige E Harrison, Samantha A Benjamin, Anil Bhave, Steven F Harwin, Michael A. Mont. Do the Effects of Transcutaneous Electrical Nerve Stimulation on Knee Osteoarthritis Pain and Function Last? Randomized Controlled Trial. J Knee Surg. 2016, Aug:29(6) 497-501. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. As noted above, ACOEM searched scientific literature through 2018. The lack of references to trials from 2013-2020 regarding the TENs recommendations for the treatment of knee osteoarthritis indicates there are no moderate-to high quality trials that would change ACEOM’s TENS treatment recommendation.    Disagree. (See above regarding ACOEM’s use of moderate-to high-quality literature only in making recommendations). C. Zeng literature only categorizes itself as Level II evidence and also admits the evidence of heterogeneity and the limitations in sample size of some studies could be a potential threat to the validity of results. The Cherian study does not meet ACOEM’s methodological standards to support a recommendation because it fails to effectively “blind” subjects by using a credible placebo or fails to compare a given intervention to alternatives in addition to placebo. | None.  None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Pages 7, 8, 16, 95-111 | Commenter states that injections are changing so fast that they require updating every 3-6 months. Commenter opines that the recommended injections be double checked for accuracy if not proofread by a PM&R expert. Commenter recommends Mike Fredericson, MD at Stanford for these types of reviews. Dr. Fredericson studies Botulism injections. Dr. Fredericson studies Botulism injections.  Commenter recommends that Chondroitin and Visco supplementation injections for OA should have a quick review.  Commenter references the following articles:  Emmanuel Maheu, Francios Rannou, Jean-Yves Reginster. Efficacy and safety of hyaluronic acid in the management of osteoarthritis: Evidence from real-life setting trials and surveys. PMID: 26806183 DOI: 10.1016/j.semarthrit.2015.11.008  Carlos J Meheux, Patrick C McCulloch, David M Lintner, Kevin E Varner, Joshua D Harris. Efficacy of Intra-articular Platelet-Rich Plasma Injections in Knee Osteoarthritis: A Systematic Review. PMID: 26432430 DOI: 10.1016/j.arthro.2015.08.005 | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. ACOEM reviews the literature periodically (focused reviews) to identify any major changes and comprehensive updates are conducted every 3-5 years. If a new moderate to-high quality study is published that substantively changes a recommendation it will be included during these focused reviews. Despite, Dr. Mike Fredericson’s undoubted qualifications, ACOEM’s Knee Disorders Guideline has already been reviewed by a panel of qualified expert physicians, stakeholder input, and via the external peer review process.  Agree in part. Disagree in part. Agree that ACOEM should constantly review their recommendations to make sure that their recommendations are supported by the best available evidence. Disagree that it will change ACOEM’s current recommendation of “No recommendation; insufficient evidence” for chondroitin and visco supplementation for the treatment of osteoarthritis (OA). The two studies referenced by commenter do not support a change to the current recommendations. (See above regarding ACOEM’s use of moderate-to high-quality literature only in making recommendations).  Disagree. (See above regarding ACOEM’s use of moderate-to high-quality literature only in making recommendations). The Maheu publication recommends intra-articular (IA) hyaluronic acid (HA) but relies on many lower level quality trials. “The magnitude of the clinical effect may be different for different HA products, but this has not been proven so far and requires further investigation.”  Disagree. (See above regarding ACOEM’s use of moderate-to high-quality literature only in making recommendations). The Meheux trial relies on a very small number of studies. With the exception of one study, none of the reviews used a double-blinded approach. 2 out of the 3 study groups received one injection while the other received 2 injections. This variation in intervention made it difficult to blind the participants raising the issue of performance bias. Again, this study does not meet the ACOEM standards for inclusion to support a treatment recommendation. | None.  None.  None.  None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Pages 12, 13, 15, 52 | Commenter recommends that “Bed Rest” for unstable fracture could read “Non-Weight Bearing”. Commenter opines that the term “Bed Rest” has major negative implications. Is it necessary to use the term bed rest?  Commenter references the following article:  Albert L. Siu, Joan D. Penrod, Kenneth S. Boockvar, Kenneth Koval, Elton Strauss, R. Sean Morrison. Early ambulation after hip fracture: effects on function and mortality. Arch Intern Med.2006 Apr 10; 166(7):766-71. doi: 10.1001/archinte.166.7.766 | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. The recommendation is “Bed rest and/or non-weight activities are recommended for patients with clear contraindications to weight-bearing, such as an unstable fracture.” The use of “and/or” indicates the two phrases are not the same. The difference is a matter of degrees, from no physical activity to some physical activity. Although we agree that bed rest has negative implications, use of the term is necessary because studies, such as the Siu study referenced by commenter, uses the term “bed rest” and, therefore, cannot be ignored in the recommendations. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Pages 14, 158 | Commenter states that Patellar taping for PFPS works. Commenter opines that anterior knee pain is a safe term, but only for those that cannot distinguish between patellar tendon, PFPS and fat pad pain. For PFPS the issue is poor contact surface area because Femur rotates inward. Taping facilitates the area of contact patella to femur…more area thus less pressure, but expert opinion more than level III research – healthy pressure distributed over a larger area. Suggests McConnell Taping PFPS Recommend Insufficient.  States that it is McConnell that works and that he can locate more articles given time. Commenter states this is L2 research in favor.  Commenter references the following article:  Catherine A Logan, Abhiram R Bhashyam, Ashley J Tisosky, Daniel B Haber, Anna Jorgensen, Adam Roy, Matthew T. Provencher. Systematic Review of the Effect of Taping Techniques on Patellofemoral Pain Syndrome. Sports Health.Sep/Oct 2017; 9(5):456-461 | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. Commenter suggests ACOEM’s recommendation for taping PFPS should be revised from “Not recommended” to “recommend – insufficient evidence.” ACOEM’s recommendation is supported by one moderate-quality trial using sham taping and found no efficacy of taping, two other trials suggested taping is inefficient and one suggests taping and exercise is superior to exercise alone. As a result, most quality evidence suggests a lack of efficacy in taping.  Disagree. The Logan study referenced by commenter concludes, “This systematic review...does not support taping in isolation” which, on its face, is what commenter is suggesting. Nevertheless, this one study will not overcome the conclusions of most quality evidence pertaining to taping suggesting a lack of efficacy. (See above regarding ACOEM’s use of moderate-to high-quality literature only in making recommendations). | None.  None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Page 20  Iliotibial Band Syndrome  Patellofemoral Pain Syndrome - Exercise | Commenter states that exercise for hip and knee may be better than hip alone. Level III evidence that weakness in hip abductors and gluteus maximus may be contributing factors. Level III evidence that the contributing factor of weak posterolateral hip muscles lead to femur internal rotation with poor position of the trochlear grove for the patella.  Commenter references the following article:  Rianne A Van Der Heijden, Nienke E Lankhorst, Rabbart Van Linschoten, Sita M Bierma-Zeinstra, Marienke Van Middlekoop. Exercise for treating patellofemoral pain syndrome: an abridged version of Chochrane systematic review. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. (See above regarding ACOEM’s use of moderate-to high-quality literature only in making recommendations). The Van Der Heijden study referenced by commenter admits to its deficiencies by stating. “In total, 31 trials including 1690 participants were included in this review, of which most were at high risk of performance bias and detection bias due to lack of blinding.” In addition, it states the review found “very low quality” evidence that exercise therapy for PFPS may result in clinically important reduction in pain and improvement in function. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Page 75 | Commenter states that hyaluronic acid injections may be indicated for osteoarthritis. Check on Chondroitin Sulfate. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. For hyaluronic acid injections for osteoarthritis, there is only limited and somewhat conflicting placebo controlled trials. Thus, the evidence was considered too limited by ACOEM’s panel for evidenced-based recommendations. Although there is evidence suggesting potential efficacy and there is very low adverse effect profiles, the lack of standardized dosing (i.e different frequencies and dosage strength, different durations and severity of disease of study populations) in the studies regarding these treatments prevents the formulation of an evidence-based recommendation in support of these agents. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Page 96 | Commenter opines that PEP injections may be indicated. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. Commenter references page 96 of the Knee Disorders Guideline discussing platelet rich plasma (PRP) injections for the treatment of knee osteoarthritis. Therefore, PEP is a typographical error and the commenter meant PRP injections. There is a relative lack of, and conflicts among the quality placebo-controlled trials for PRP and the treatment of knee osteoarthritis. As a result of this, there will remain “No Recommendation, Insufficient Evidence” for the use of PRP to treat knee osteoarthritis. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Page 97 | Commenter opines that visco supplementation can be indicated for moderate to severe osteoarthritis. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. There is limited and somewhat conflicting placebo-controlled trials for visco supplementation. Thus, this evidence was considered too limited by the panel for evidence-based recommendations for viscosupplementation injections for the treatment of moderate to severe osteoarthritis. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Page 121  Interdisciplinary Pain Rehab Programs | Commenter assumes that FRP is included. Disagrees with mean days 20. States that this is a behavioral model. It takes a week to form a group process – two more weeks to get trust and start to plan goals. Commenter opines that the physical progression is best in weeks 4-5 then premeasure and solidify goals in week 6. Opines 4 weeks is too short. Commenter states that it should be 20-30 days not a mean of 20 days. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. The recommendation states, “Median 20 days” and states, “Program duration is variable due to the patient’s needs, the rehabilitation strategies used, and the demonstrated program outcomes.” Use of the phrase “Median 20 days” denotes an average and, therefore, it could be more than 20 days. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Pages 147-148  Meniscal Injury Rehab Programs | Commenter notes 2-3x/week for 4 weeks non-op and 6 weeks post op. Commenter opines that this seems like too much for a problem that will take time to heal. The meniscus takes a long time to heal – non-op could be 7 months. Why front load?  Commenter states that it takes 8 weeks for muscle hypertrophy, so the strength phase of training is missed if front-loaded at one month. Meniscus heals very slowly (7 months). Commenter recommends 1-2 visits for 3 weeks, then 1 time per week for 3 weeks, and if symptomatic and functionally limited an additional 6 visits over 2 months, which he opines is lean.  Post-operative – currently at 2-3 times per week for 1-6 weeks. 1-2 times per week for 6 weeks, and if symptomatic and functionally limited add up to 6 visits for 2 months.  Commenter states his experience is that these surgeries can heal over many months. | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Disagree. The rehabilitation programs described in the studies that supported these recommendations are in-line with the timelines provided in ACOEM’s recommendations. The Labor Code requires MTUS guidelines to be evidence-based. With all due respect to commenter’s undoubted clinical experience, recommendations must be supported by the current evidence related to rehabilitation of meniscal tears. Thus, until new moderate quality or high-quality trials suggest otherwise, ACOEM’s recommended timelines will remain. | None. |
| 9792.23.6  Knee Disorders Guideline (ACOEM December 3, 2019)  Exercise – Patellofemoral Pain Syndrome | Commenter states that Exercise is recommended – moderate.  Patellofemoral Pain Syndrome is the most common type of anterior knee pain.(Fredericson & Yoon, 2006) PFPS has been studied with weight bearing MRI with reported excessive internal rotation of the femur so that the trochlear groove moves inward and the patella slides into the lateral femoral condyle.(Souza, Draper, Fredericson, & Powers, 2010) This biomechanical finding has been studied with level III findings of weakness and/or fatigue in the posterolateral hip muscles including the gluteus medius and gluteus maximus.(Souza & Powers, 2009) Exercise interventions of the hip and knee are recommended for pain reduction and functional improvement, with emphasis on the posterolateral hip and knee muscles, level Ia evidence. (Nascimento, Teixeira-Salmela, Souza, & Resende, 2018)  Baker, R. L., & Fredericson, M. (2016). Iliotibial Band Syndrome in Runners: Biomechanical Implications and Exercise Interventions. *Phys Med Rehabil Clin N Am., 27*(1), 53-77. doi: 10.1016/j.pmr.2015.1008.1001.  Baker, R. L., Souza, R. B., & Fredericson, M. (2011). Iliotibial band syndrome: soft tissue and biomechanical factors in evaluation and treatment. *PM R., 3*(6), 550-561. doi: 510.1016/j.pmrj.2011.1001.1002.  Fredericson, M., Cookingham, C. L., Chaudhari, A. M., Dowdell, B. C., Oestreicher, N., & Sahrmann, S. A. (2000). Hip abductor weakness in distance runners with iliotibial band syndrome. *Clin J Sport Med, 10*(3), 169-175.  Fredericson, M., & Yoon, K. (2006). Physical examination and patellofemoral pain syndrome. *Am J Phys Med Rehabil., 85*(3), 234-243.  Nascimento, L. R., Teixeira-Salmela, L. F., Souza, R. B., & Resende, R. A. (2018). Hip and Knee Strengthening Is More Effective Than Knee Strengthening Alone for Reducing Pain and Improving Activity in Individuals With Patellofemoral Pain: A Systematic Review With Meta-analysis. *J Orthop Sports Phys Ther., 48*(1), 19-31. doi: 10.2519/jospt.2018.7365. Epub 2017 Oct 2515.  Noehren, B., Davis, I., & Hamill, J. (2007). ASB clinical biomechanics award winner 2006 prospective study of the biomechanical factors associated with iliotibial band syndrome. *Clin Biomech (Bristol, Avon), 22*(9), 951-956. doi:S0268-0033(07)00140-4 [pii]  10.1016/j.clinbiomech.2007.07.001 [doi]  Noehren, B., Schmitz, A., Hempel, R., Westlake, C., & Black, W. (2014). Assessment of strength, flexibility, and running mechanics in men with iliotibial band syndrome. *J Orthop Sports Phys Ther., 44*(3), 217-222. doi: 210.2519/jospt.2014.4991. Epub 2014 Jan 2522.  Souza, R. B., Draper, C. E., Fredericson, M., & Powers, C. M. (2010). Femur rotation and patellofemoral joint kinematics: a weight-bearing magnetic resonance imaging analysis. *J Orthop Sports Phys Ther., 40*(5), 277-285.  Souza, R. B., & Powers, C. M. (2009). Differences in hip kinematics, muscle strength, and muscle activation between subjects with and without patellofemoral pain. *J Orthop Sports Phys Ther, 39*(1), 12-19. doi:1449 [pii]  10.2519/jospt.2009.2885 [doi] | Bob Baker, PT, PhD, MBA, OCS  July 15, 2020  Written Comment | Agree in part. Disagree in part. Agree that exercise is moderately recommended for patellofemoral joint pain. Disagree, in part, that PFPS is the most common type of anterior knee injury, it is definitely a common type of anterior knee injury. Other than the Nascimento study, all of the other studies in commenter’s list of references (Baker, Baker, Fredericson, Fredericson, Noehren, Noehren, Souza, and Souza) are lower-level quality evidence (See above regarding ACOEM’s use of moderate-to high-quality literature only in making recommendations) and, as a result, does not meet ACOEM’s methodological standards to support a treatment recommendation. As far as the Nascimento, Teixeira-Salmela, Souze, & Resende trial referenced by commenter, it concludes that hip and knee strengthening is effective and superior to knee strengthening alone for decreasing pain and improving activity in persons with patellofemoral pain; however, these outcomes were achieved without concurrent change in strength. Because these conclusions appear to be consistent with ACOEM’s current exercise recommendation, no changes will be made. ACOEM’s current exercise recommendation does not specify the type of intervention that is being recommended. Moreover, ACOEM recognizes that knee pain is usually focally felt in the knee joint. However, some cases are experienced with pain primarily in the hip region. Therefore, the type of exercise intervention will depend on the clinical indications of a particular patient. Finally, it does not appear the Nascimento trial was referenced in ACOEM’s Knee Disorder’s Guideline, the DWC encourages the commenter to submit a copy of this trial to ACOEM for review and evaluation for possible inclusion in their next focused review. Here are links that can be used to provide input to ACOEM:  [Stakeholder/Patient Input:](https://form.jotform.com/202114270486044)  https://form.jotform.com/202114270486044  [Clinical Questions Input:](https://form.jotform.com/202114643550141)  https://form.jotform.com/202114643550141  ACOEM conducts comprehensive updates to all of its guidelines every 3 to 5 years. ACOEM accepts submissions of evidence from any source. All literature is reviewed following ACOEM’s Methodology for the development of evidence-based guidance. However, if there are major changes in literature, it may necessitate a focused update to the ACOEM guidelines. | None. |
| General Comment | Commenter has reviewed the proposed updates and has no comment at this time. | Andrea Guzman  Claims Regulatory Director  State Compensation Insurance Fund (SCIF)  July 14, 2020  Written Comment | Noted. | None. |
| 9792.23.6; 9792.23.8; 9792.23.11;  9792.23.12 | In order to ensure that treatment for injured workers remains governed by evidence-based guidelines that are the most current available from ACOEM, commenter supports the changes incorporated by reference to the following updated ACOEM guides: Knee Disorders Guideline (ACOEM December 3, 2019)  Workplace Mental Health Guideline: Depressive Disorders (ACOEM February 13, 2019)  Occupational/Work-Related Asthma Guideline (ACOEM June 5, 2020)  Occupational Interstitial Lung Disease Guideline (ACOEM November 8, 2019) | Jackie Secia  Claims and Medical Director  California Workers’ Compensation Institute (CWCI)  June 29, 2020  Written Comment | Agreed. | None. |
| General | Commenter states that a research hospital **[name has been redacted]** has classified him as a human labor trafficked survivor and that he wants to go to court. States that he was bludgeoned at work by stockholder **[name has been redacted]** after the person asked for help on VA 0900 daily run. Commenter reiterates that he wants to go to court, he is a citizen and he is human.  Commenter lists TBI, stroke, concussion, vertigo, tinnitus, migraine, full body pain and loss of sight, hearing, smell, taste, touch and feeling. States that perpetrator should be in prison. | John Hobbs  Safety Officer and Maintenance Manager  June 23, 2020  Written Comment | Comment does not specifically address the proposed updates to the MTUS. | None. |