

Case Number:	CM14-0149826		
Date Assigned:	09/18/2014	Date of Injury:	05/03/2002
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 years old male with an injury date on 05/03/2002. Based on the 07/31/2014 progress report provided by [REDACTED], the diagnoses are: 1. 719.4 Pain in joint; 2. 715.9 Osteoarthritis, unspecified whether generalized or localized; 3. 718.8 Other joint derangement, not elsewhere classified. According to this report, the patient complains of right knee pain. The patient has "limited range of motion and limping ambulation to his right knee." MRI shows advanced degenerative arthritis of the right knee. MRI report was not included in the file for review. The 05/22/2014 report indicates the patient's pain level is a 7/0 with tenderness and swelling at the bilateral knee. There were no other significant findings noted on this report. The utilization review denied the request on 08/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/09/2014 to 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right knee 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KNEE (MTUS POST-SURGICAL) Page(s): 24-25.

Decision rationale: According to the 07/31/2014 report by [REDACTED] this patient presents with right knee pain. The patient is status post patellofemoral malalignment of the right knee with torn medial meniscus, reactive synovitis, loose bodies, and grade 3 chondromalacia of the patella on 06/09/2014. The treating physician is requesting 12 sessions of post-op physical therapy for the right knee "to help continue to increase range of motion and muscle strength to his right knee." Per treating physician, the patient has "completed twelve sessions since his surgery." Regarding post-op Meniscectomy and Chondromalacia of patella therapy treatments, MTUS guidelines recommend 12 visits over 12 weeks. Review of reports from 05/09/2014 to 07/31/2014 shows the patient has completed 12 post-op therapy sessions. Given that the patient has had 12 sessions, the requested 12 additional sessions exceed what is allowed per MTUS. Therefore, the request is not medically necessary.

Hyalgan injections series of 5, 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 & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid (Synvisc) knee injection.

Decision rationale: According to the 07/31/2014 report by [REDACTED], this patient presents with right knee pain. The treating physician is requesting Hyalgan injection series of 5 for the right knee. Regarding Hyalgan injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyalgan injection for "severe arthritis" of the knee that has not responded to other treatments. This patient does not present with "severe arthritis" of the knee. Furthermore, ODG does not recommend for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain). In this case, the patient presents with chondromalacia of the patella for which Hyalgan injections are not indicated. There is no evidence of "severe osteoarthritis" either. Therefore, the requested Hyalgan injection series of 5 is not in accordance with ODG guidelines. Therefore, the request is not medically necessary.