

<b>Case Number:</b>	CM14-0160369		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male who reported an injury on 09/08/2011 due to an unknown mechanism. Diagnoses were residual anterior horn tear, left knee; old, healed Osgood-Schlatter, left; left knee chondral lesion, trochlea groove and lateral tibia plateau; medial, lateral meniscus tear (status post left knee arthroscopy 05/06/2013 and 06/25/2014). Physical examination dated 08/28/2014 was a handwritten note. It reported that the injured worker had only 4 physical therapy visits due to expiration of authorization. Now had 5 of 8 recently authorized, for a total of 9 postoperative physical therapy visits so far. The injured worker had complaints of right knee still swelling, pain with walking, standing, and still some pain with sitting. The examination revealed the injured worker had difficulty kneeling. The left knee was positive for swelling. There was +1 effusion. Treatment plan was for Orthovisc injection left knee x 4 and additional postoperative physical therapy x 8 for the left knee. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op PT x8 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The decision for additional post-operative physical therapy x 8 for the left knee is not medically necessary. The California Medical Treatment Utilization Schedule states controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short term, but not long term, benefit. In the short term therapy, interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrated on isometric muscle exercises and exercises to increase range of motion in the joint. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay. Recommendations for physical therapy of old bucket handle tear, derangement of meniscus, loose body in knee, chondromalacia of patella, tibialis tendinitis is postsurgical treatment of 12 visits over 12 weeks. Postsurgical physical medicine treatment period is 4 months. The guidelines also state that 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. It was not reported that the injured worker was participating in a home exercise program. Medications for the injured worker were not reported. Objective functional improvement was not reported from the physical therapy that the injured worker had participated in. Reasons why a home exercise program was not being followed for further gains was not reported. The clinical information submitted for review is lacking information, such as range of motion for the left knee, VAS pain score, neurologic examination, and specialty testing. The clinical information submitted for review does not provide evidence to justify additional post-op PT x 8 for the left knee. Therefore, this request is not medically necessary.

**Orthovisc injection left knee x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** The decision for Orthovisc injection left knee x 4 is not medically necessary. The Official Disability Guidelines state the criteria for hyaluronic acid injections are for injured workers who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months. There should be documented symptomatic severe osteoarthritis of the knee which should include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of synovium and over 50 years of age. The pain should

interfere with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease and failure to adequately respond to aspiration and injection of intra-articular steroids. Hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. The injured worker should not currently be a candidate for total knee replacement or have failed previous knee surgery for arthritis unless younger injured workers want to delay total knee replacement. Repeat series of injections are given if documented significant improvement in symptoms for 6 months or more and symptoms recur may be reasonable to do another series. (There is?) No maximum established by high quality scientific evidence. Hyaluronic acid injections are not recommended for any other indications, such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee. Medications for the injured worker were not reported. The physical examination of the left knee was lacking documentation of range of motion, specialty testing, and the VAS score pain scale. Objective functional improvement was not reported from the injured worker's physical therapy. Based on the lack of documentation detailing a clear indication for the use of Orthovisc injection left knee x 4, this request is not medically necessary.