

Case Number:	CM14-0176992		
Date Assigned:	10/30/2014	Date of Injury:	03/22/1994
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 3/22/1994. She was diagnosed with osteoarthritis of bilateral knees, displacement of lumbar intervertebral disc, lumbago, lumbar sprain, and tear of the medial cartilage or meniscus of the left knee. On 9/26/14, the worker was seen by her primary treating physician for a follow-up complaining of low back pain and left knee pain. Physical findings included tenderness of the lumbar area and left knee with muscle spasm of the lumbar area and decreased range of motion of both the left knee and lumbar areas. She was then recommended an MR arthrogram, Synvisc injection in the left knee, and pool therapy. Pool therapy, Synvisc, and MRI had each been recommended and requested for approval for many months leading up to this request without approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 4 sessions, L/S and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine AND Aquatic therapy Page(s): 98-99; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, her providers did not document sufficiently to show whether or not the worker was doing home land based therapy, and why she required aquatic therapy. Without this explanation documented in the notes, the aquatic physical therapy must be considered medically unnecessary.

Synvisc One to left 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), Criteria for Hyaluronic acid or Hylan

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, Hyaluronic acid injections

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not mention hyaluronic acid injections for the knee. The Official Disability Guidelines (ODG), however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and non-steroidal anti-inflammatory drug (NSAIDs) or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, although she has a diagnosis of osteoarthritis of the left knee, there was again no documentation revealing the worker's history of treatments and whether or not she had tried physical therapy or NSAIDs for her knee pain. It also is not known if she had already attempted Synvisc in the past. Without a complete documented review of previous treatments tried and the results of such treatments including medications and physical therapy for the reviewer to assess, the Synvisc injections must be considered medically unnecessary.