

Case Number:	CM14-0093688		
Date Assigned:	07/25/2014	Date of Injury:	07/29/2013
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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, 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 58-year-old female who reported an injury on 07/29/2013, reportedly while working at [REDACTED] she suffered an industrial injury to her right wrist, ribs and knee. The injured worker's treatment history included medications, MRI, physical therapy and epidural steroid injections. The injured worker was evaluated on 05/08/2014 and it is documented that the injured worker felt a pop in her right knee and was unable to do any due to severe pain, said that she had stayed in bed with the leg elevated. The injured worker stated 1 week after that happened again at [REDACTED] The injured worker stated feeling a shock on left side of the right knee. She was status post right knee arthroscopy that reported findings of grade 3 to 4 degenerative joint disease (DJD). Pain was different than after surgery pain. Right knee examination revealed range of motion +5 to 110 degrees, slight flexion contracture, slight effusion and slight fullness in the popliteal space. The diagnoses included cervical disc degeneration, sprain lumbar region, and tear medial meniscal knee. The Request for Authorization dated 05/21/2014 was for additional physical therapy to the right knee, Orthovisc to the right knee and right knee patella tracking brace. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to Right Knee 2 times a week for 4 weeks (Qty.8): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is not medical necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. The provider failed to indicate long-term functional goals and outcome measurements of home exercise regimen. The requested amount of visits will exceed the recommended amount per the guidelines. Given the above, the request for additional physical therapy to the right knee 2 times a week for 4 weeks (QTY, 8) is not medically necessary.

Orthovisc to Right Knee (Qty.4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Hyaluronic Acid.

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

Decision rationale: The requested is not medically necessary. The Official Disability Guidelines (ODG) recommend Synvisc as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of the hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. There was lack failed outcome measurements conservative care measures. Given the above, the request for Orthovisc injection to right knee, quantity 4 is not medically necessary.

Right Knee Patella Tracking Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: The Knee Walking Aids (canes, crutches, braces, orthoses & walkers).

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

Decision rationale: The request is not medical necessary. Per the Official Disability Guidelines (ODG) recommend that knee braces. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short term management of patellofemoral pain. The documentation submitted stated the injured worker had prior conservative care including physical therapy. However, the outcome measure were not submitted for this review. Additionally, the provider failed to indicate the injured worker's long term functional improvement goals. As such, the request for right knee patella tracking brace is not medically necessary.