

Case Number:	CM14-0176552		
Date Assigned:	10/30/2014	Date of Injury:	10/08/2008
Decision Date:	10/13/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old male worker who was injured on 10-8-08. The medical records reviewed indicated the injured worker (IW) was treated for tear of the medial cartilage or meniscus of the knee, current; and osteoarthritis, location, primary, lower leg. The progress notes (9-9-14) indicated the IW had moderate pain and swelling of the right knee. He was taking Mobic, Neurontin, Norco and Skelaxin. On physical examination (9-19-14 record), the IW was walking with a cane and a visible limp, but was able to wear his knee brace again. There was a small effusion and boggy swelling throughout the fat pad. Tenderness was present in the joint lines, greater at the medial than the lateral. There was also tenderness in the fat pad, the patella and quadriceps tendons and the hamstrings in the posterior knee. Range of motion (ROM) was 0 to 105 degrees. Ligaments were stable and the calves were soft and non-tender. According to the notes dated 7-23-14, the IW was temporarily partially disabled. Review of the progress notes (7-1-14 and 9-19-14) indicated the IW's pain had decreased from 8 or 9 out of 10 to 7 or 8 out of 10, but ROM had decreased and swelling was increased. Treatments have included medications; physical therapy (at least 12 sessions); right knee arthroscopy (5-26-10); Synvisc injections; and acupuncture, which was helpful. There were no recent imaging results to review. A Request for Authorization asked for Synvisc injection, right knee and physical therapy twice weekly for six weeks for the right knee (per 09/09/14 form). The Utilization Review on 9-24-14 non-certified the request for Synvisc injection, right knee due and physical therapy twice weekly for six weeks for the right knee (per 09/09/14 form), as the ODG Knee and Leg guidelines and the CA MTUS Chronic Pain Medical Treatment Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 time weekly, right knee, qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 54.

Decision rationale: In this case, the claimant has undergone numerous surgeries and therapy visits in the past. The claimant underwent another debridement arthroscopically of the left knee recently. The claimant had previously completed 12 sessions of therapy for the right knee and was able to perform home exercises in the past. The request for additional 12 session of physical therapy in the non-operative right knee in not medically necessary.

Synvisc injection, right knee, qty: 1: 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), Knee & Leg, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 35.

Decision rationale: In this case, recent exams did not mention crepitus, degenerative changes or imaging consistent with arthritis as defined by the rheumatologic society. The claimant had undergone The claimant had undergone prior injections and arthroscopy. The progress note do not justify the correlation between arthritis and the need for injections. As a result, the request is not medically necessary.