

<b>Case Number:</b>	CM14-0216131		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 62-year-old male, with a reported date of injury of 04/24/2006. The results of the injury were right knee pain and left knee pain. The current diagnoses include bilateral knee strain/sprain; left knee internal derangement; left knee meniscal tear; status post left knee surgery; left knee anterior cruciate ligament tear; and right knee chondromalacia patella. The past diagnoses include right knee strain/sprain, left knee strain/sprain; left knee internal derangement; left knee meniscal tear; status post left knee surgery times two (2); and left knee anterior cruciate ligament tear. Treatments have included Tramadol; FluriFlex; chiropractic treatment; extracorporeal shockwave for the left knee on 08/29/2014; an MRI of the left knee on 07/10/2014, which showed an anterior cruciate ligament tear, a medical meniscus tear, degenerative arthritis, a small subchondral cyst in the medial femoral condyle, and small knee joint effusion; and an MRI of the right knee, which showed chondromalacia patella. The medical records provided for review included the reports from twelve (12) occupational therapy sessions for the elbow. The physical therapy reports were not included. The progress report dated 10/23/2014 indicates that the injured worker complained of bilateral knee pain. He rated the pain in his right knee 5-6 out of 10, which increased from 3 out of 10 since the last visit. The pain in his left knee was rated 2 out of 10, and decreased from 4 out of 10 on the last visit. The examination of the bilateral knees showed grade 2-3 tenderness to palpation; and a positive McMurray's sign. The injured worker indicated that the physical therapy helped to decrease his pain and tenderness, and improve his activities of daily living and function. The rationale for the requested treatments was not provided by the treating physician. On 11/24/2014, Utilization

Review (UR) denied the request for a series of three (3) Synvisc injections for the left knee and physical therapy two (2) times a week for six (6) weeks for the bilateral knees. The UR physician noted that there was no documentation of functional improvement or limitations that would indicate the need for more physical therapy. The UR physician also noted that the documentation does not indicate that the injured worker had a diagnosis of severe osteoarthritis of the knee. The MTUS and Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 6 weeks for the left and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone for the knee, making it impossible to determine if the patient has already exceeded the number recommended by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

**Series of 3 synvisc injections to the 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

**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, Hyaluronic Acid Injections

**Decision rationale:** Regarding the request for Synvisc injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented

severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of exam or imaging findings supporting diagnosis of severe osteoarthritis of the knee, and no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc injections are not medically necessary.