

Case Number:	CM15-0009998		
Date Assigned:	01/27/2015	Date of Injury:	09/28/2012
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 09/28/2012 due to a fall. On 12/10/2014, he presented for a followup evaluation. He noted recurrent pain in both knees starting several months prior to the visit that was consistent with prior pain along the joint line of both knees. It was noted that he previously improved with the hyaluronic acid injection series. A physical examination of the bilateral knees showed functional range of motion with moderate discrete swelling in the medial joint line and superior to that along the medial femoral condyle, left greater than the right. There was trace tenderness to palpation to the JTL bilaterally, mild tenderness to palpation in the patella, left greater than the right, and mild tenderness to palpation in the tibial plateau/femoral plateau of the left knee. There was left popliteal fossa with 1 cm circular mass consistent with a Baker cyst. It was noted that he had undergone an MRI of the left knee on 10/2014 which showed a Baker cyst and medial and lateral meniscal tears. He was diagnosed with an acute medial meniscal tear; Baker cyst to the left knee; bilateral knee swelling; acute lateral meniscal tear on the left, subsequent encounter; and knee osteoarthritis. The treatment plan was for outpatient physical therapy 2x4 and a hyaluronic acid injection x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out-patient Physical Therapy 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS and ACOEM

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured workers condition. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral knees. However, further clarification is needed regarding the injured workers previous treatment history. Without information regarding whether the injured worker has undergone physical therapy previously to address this injury, physical therapy would not be supported. In addition, the documentation provided does not indicate that he has any significant functional deficits to support physical therapy. Furthermore, the body part that physical therapy is being requested for was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Hyaluronic Acid Injection x 3: Upheld

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

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, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are recommended for those with severely symptomatic osteoarthritis and for those who have failed conservative care and have severely limited activities of daily living. Based on the clinical documentation submitted for review, the injured worker was not noted to have severely limited activities of daily living and it was not stated that he recently failed conservative care to support the request. Also, the body part that hyaluronic acid injections are being requested for was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.