

Case Number:	CM15-0017578		
Date Assigned:	02/05/2015	Date of Injury:	07/16/2012
Decision Date:	06/05/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 59 year old female, who sustained an industrial injury on July 16, 2012. She reported left leg and knee pain. The injured worker was diagnosed as having left knee contusion and total tear of lateral meniscus of the left knee. Treatment to date has included radiographic imaging, diagnostic studies, two surgical interventions of the left knee, conservative care, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued left lower extremity and left knee pain as well as left shoulder pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she had multiple previous injuries including a fall resulting in shoulder surgery. Evaluation on July 12, 2013, revealed continued knee pain post-surgical intervention with slight effusion and edema. Evaluation on May 5, 2014, revealed continued pain as noted. Physical therapy for the left knee and injections to the left knee were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee 2 times a week for 8 weeks, quantity: 16 sessions: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 16 sessions physical therapy two times per week times eight weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is chronic low back pain and left knee pain related to multiple needs surgery in the presence of underlying osteoarthritic changes. The injured worker has undergone several orthovisc injections with good results. In a progress note dated May 29, 2014 the documentation indicates the worker had prior physical therapy and responded to physical therapy. The injured worker was transitioned back to work in June 2014. The documentation according to the November 25, 2014 progress note does not state whether there was an exacerbation of symptoms. There is no clinical rationale indicating why additional physical therapy is clinically indicated. There is no objective examination of the left knee. There is no physical examination in the medical record. The injured worker has received extensive physical therapy. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. This would be the appropriate approach after a long hiatus from physical therapy. The request for authorization contains physical therapy two times per week times eight weeks (16 sessions). Progress note indicates a request for eight sessions. In either case, the request exceeds the recommended guidelines for six visit clinical trial. Consequently, absent clinical documentation with the clinical indication and rationale for additional physical therapy in the November 25, 2014 progress note and a request for 16 physical therapy sessions in excess of the recommended guidelines, 16 sessions physical therapy two times per week times eight weeks to the left knee is not medically necessary.

Viscosupplementation injections/ Orthovisc injections for the left knee on 6 12 month interval: 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 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 and leg section; Hyaluronic acid injections.

Decision rationale: Pursuant to the Official Disability Guidelines, visco-supplementation injection/orthovisc left knee six 12 month injections is not medically necessary. Hyaluronic acid

injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnosis is chronic low back pain and left knee pain related to multiple knee surgery in the presence of underlying osteoarthritic changes. The injured worker has undergone several orthovisc injections with good results. In a progress note dated May 29, 2014 the documentation indicates the worker had prior physical therapy and responded to physical therapy. The injured worker was transitioned back to work in June 2014. The documentation according to the November 25, 2014 progress note does not state whether there was an exacerbation of symptoms. There is no clinical rationale indicating why additional physical therapy is clinically indicated. There is no objective examination of the left knee. There is no physical examination in the medical record. The injured worker has received extensive physical therapy. According to the agreed medical examination (AME dated August 4, 2014), the injured worker during the surgery was noted to have chondromalacia of the left knee. The injured worker has received multiple orthovisc injections in the past with good results. The medical record documentation states arthritic changes are present in the left knee. There were no radiographic results documented in the medical record to determine the severity of osteoarthritis. There was no indication or documentation the injured worker at aspirations and injections of intra-articular steroids. The AME indicated the injured worker is a candidate for a total knee replacement. The latter is a contraindication for the orthovisc or hyaluronic acid injections. Additionally, there is no documentation the injured worker has not responded adequately to conservative pharmacologic and nonpharmacologic treatment. Moreover, the injured worker responded very well to conservative nonpharmacologic treatment (prior physical therapy with a transition back to work). The AME stated in the report the injured worker had chondromalacia of the left knee. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, visco-supplementation injection/orthovisc left knee six 12 month injections is not medically necessary.