

Case Number:	CM15-0111380		
Date Assigned:	06/12/2015	Date of Injury:	12/15/2014
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 34-year-old male, who sustained an industrial injury on 12/15/2014. He reported pain in the bilateral feet and heels, bilateral knees and bilateral groin. Diagnoses have included lumbar strain, bilateral knee strains with underlying bilateral knee degenerative joint disease, bilateral foot contusions status post fall, bilateral hip contusions with possible labral tears and healing right fourth metatarsal shaft fracture. Treatment to date has included six to eight visits of physical therapy without improvement and medication. According to the progress report dated 4/20/2015, the injured worker complained of low back pain radiating into the bilateral buttocks. He complained of bilateral hip pain rated 2-3/10 on the visual analog scale (VAS) with medication, which increased to 3-4/10 without medication. He complained of bilateral knee pain rated 6-8/10 with medication and 8-10/10 without medication. He also complained of pain in both feet rated 6-8/10 with medication and 8-10/10 without medication. Palpation of the lumbar spine revealed no tenderness. Exam of the knee revealed mild effusion on the left and moderate effusion on the right. There was tenderness to palpation over the medial joint lines bilaterally. There was crepitation of the patella bilaterally. Magnetic resonance imaging (MRI) of the right knee from 2/24/2015 showed low grade inner margin tearing of the body of the lateral meniscus and tricompartmental articular cartilage loss. Authorization was requested for bilateral knee Synvisc One injections and physiotherapy twice a week for four weeks for the bilateral knees and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Synvisc One Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Online Version, 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 Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The patient was injured on 12/15/14 and presents with low back pain radiating into the bilateral buttocks, bilateral hip pain, bilateral knee pain, and bilateral feet pain. The request is for one bilateral knee synvisc injection as "his primary problem is degenerative joint disease. " The RFA is dated 04/20/15 and the patient is on temporary total disability until 06/01/15. Review of the reports provided does not indicate if the patient has had any prior knee injections. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "Recommended as a possible option for severe osteoarthritis for patients 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. ODG further states that the study assessing the efficacy of intraarticular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA is somewhat superior to placebo in improving a knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. The patient has mild effusion of the knees, palpable tenderness over the medial joint lines bilaterally, and crepitation of the patella bilaterally. He is diagnosed with lumbar strain, bilateral knee strains with underlying bilateral knee degenerative joint disease, bilateral foot contusions status post fall, bilateral hip contusions with possible labral tears, and healing right fourth metatarsal shaft fracture. The reason for the request is not provided. The 02/24/15 MRI of the right knee revealed that the patient has low-grade inner margin tearing of the body of the lateral meniscus and tricompartmental articular cartilage loss. The 02/24/15 MRI of the left knee revealed that there is no internal derangement identified and low-grade tricompartmental chondromalacia. In this case, the patient suffers from degenerative joint disease, lateral meniscus and tricompartmental articular cartilage loss in his right knee, and low-grade tricompartmental chondromalacia in the left knee. However, the patient has not been diagnosed with osteoarthritis, for which the injections are generally indicated. ODG guidelines state that "there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). " This request does not meet guideline indications for the procedure. Therefore, the request is not medically necessary.

Physiotherapy 2 x 4 visits for the Bilateral Knees and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient was injured on 12/15/14 and presents with low back pain radiating into the bilateral buttocks, bilateral hip pain, bilateral knee pain, and bilateral feet pain. The request is for physiotherapy 2 x 4 visits for the bilateral knees and lumbar spine. The RFA is dated 04/20/15 and the patient is on temporary total disability until 06/01/15. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. " MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. He is diagnosed with lumbar strain, bilateral knee strains with underlying bilateral knee degenerative joint disease, bilateral foot contusions status post fall, bilateral hip contusions with possible labral tears, and healing right fourth metatarsal shaft fracture. Treatment to date has included six to eight visits of physical therapy without improvement and medication. The reason for the request is not provided. In this case, there is no indication of how these sessions impacted the patient's pain and function or when these sessions took place. There is no indication as to why the patient is not able to establish a home exercise program to manage pain. Therefore, the requested physiotherapy is not medically necessary.