

Case Number:	CM15-0120676		
Date Assigned:	06/25/2015	Date of Injury:	06/12/2013
Decision Date:	07/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: Orthopedic Surgery

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 53 year-old female who sustained an industrial injury on 06/12/13. Diagnoses include bilateral knee contusions with pre-existing degenerative joint disease. MRI of the left and right knee on 12/29/13 results were described as findings most consistent with intrasubstance degeneration; tear not excluded. Bilateral knee MRA on 03/28/14 showed a definitive tear on the left. In a progress noted dated 04/29/15 the treating provider reports treatments to date include failed trial of knee braces. The injured worker walks with a limp and has bilateral carpal tunnel; she is 5 foot 5 inches, weighs 260 pounds with a history of hypertension and borderline diabetes. Postoperative left knee treatment recommendation include physical therapy 2x/week for 4 weeks, and consideration of viscosupplementation depending on how the injured worker responds to the surgery and physical therapy. Date of Utilization Review: 05/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times a week for 6 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.

Orthovisc injection, left knee series of 3, 1 injection per week for 3 weeks: 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), Orthovisc.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of radiographic documentation of severe osteoarthritis in the exam note from 4/29/15, the request is not medically necessary.