

Case Number:	CM15-0126671		
Date Assigned:	07/13/2015	Date of Injury:	01/15/2013
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old female with an industrial injury dated 01/15/2013. The injured worker's diagnoses include bilateral knee degenerative joint disease and status post right & left knee meniscectomy. Treatment consisted of diagnostic studies, prescribed medications, three injections to right knee, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, icing/heating therapy and periodic follow up visits. In a qualified medical re-evaluation dated 04/07/2015, the injured worker reported pain in the bilateral knee, joint pain, let hip/buttock area pain and strain in back due to altered gait. Objective findings revealed some discomfort on palpitation along the entire lower extremities distal to the knees, calf and shin with no acute area of tenderness and passive full extension of the knee except terminal extension, which caused discomfort through posterior aspect of bilateral knee. The treating physician prescribed services for chiro with modalities & exercises 2 times per week for 6 weeks to the bilateral knees and orthovisc injections times 3 to the right knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro with modalities & exercises 2 times per week for 6 weeks to the bilateral knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for bilateral knee pain. She underwent bilateral arthroscopic meniscectomies with surgery on the right side in December 2013 and on the left in October 2014. She had postoperative physical therapy. The claimant's past medical history includes idiopathic thrombocytopenic purpura and she is unable to take non-steroidal anti-inflammatory medication. An MRI of the right knee in February 2013 included findings of moderate lateral compartment osteoarthritis. The claimant's BMI is noted to be over 50. When seen, there was right knee lateral joint line tenderness with crepitus and an effusion and positive grind testing. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and not medically necessary.

Orthovisc injections times 3 to the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for bilateral knee pain. She underwent bilateral arthroscopic meniscectomies with surgery on the right side in December 2013 and on the left in October 2014. She had postoperative physical therapy. The claimant's past medical history includes idiopathic thrombocytopenic purpura and she is unable to take non-steroidal anti-inflammatory medication. An MRI of the right knee in February 2013 included findings of moderate lateral compartment osteoarthritis. The claimant's BMI is noted to be over 50. When seen, there was right knee lateral joint line tenderness with crepitus and an effusion and positive grind testing. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant had findings consistent with right knee degenerative joint disease with imaging more than two years ago showing moderate osteoarthritis and she is morbidly obese. She is unable to take oral non-steroidal anti-inflammatory medication. The requested series of injections is medically necessary.