

Case Number:	CM15-0128789		
Date Assigned:	07/15/2015	Date of Injury:	07/02/2012
Decision Date:	08/18/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/03/2015

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 62 year old male who sustained a work related injury July 2, 2012. Past history included right knee arthroscopic partial meniscectomy, debridement and complete synovectomy August 2013 and status post partial medial and lateral meniscectomy, extensive synovectomy and chondroplasty with removal of chondral loose bodies, February, 2015. An MRI of the lumbar spine, dated June 6, 2015, (report present in the medical record) demonstrated disc desiccation at T12-L1 through L5-S1 with associated loss of disc height at L5-S1; L3-4 diffuse herniated which abuts the thecal sac; L4-5 diffuse disc herniation which abuts the thecal sac associated with stenosis of the left lateral recess with contact on the left L5 transiting nerve root; L5-S1 diffuse herniation which abuts the thecal sac. According to a primary treating physician's report, dated May 14, 2015, the injured worker presented with constant pain on the anterior aspect of the left knee rated 7-9 out of 10, with occasional locking and giving way. He reports constant pain in the right knee rated 7-9/10 with frequent giving way and painful locking. There is constant pain in the lumbar spine is rated 6-9 out of 10, with the use of Norco, with occasional radiation to the knee. There is localized tingling and numbness on the proximal third of the left thigh and soles of both feet with weakness. There is no urinary incontinence. He is wearing an unloading brace to the right knee and undergoing physical therapy and soon to start acupuncture. Diagnoses are right knee meniscal tear status post surgery; left ankle sprain and internal derangement; mild left Achilles tendonitis, chronic plantar fasciitis left ankle; left knee contusion and internal derangement, hypertension; lumbosacral strain with right L5 S1 radiculopathy. At issue, is the request for authorization for physical therapy 2 x 3 with an injection and HEP (home exercise program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 with an Injection and HEP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections; Knee & Leg (Acute & Chronic) Chapter under Hyaluronic acid injections.

Decision rationale: The patient presents with constant pain on the anterior aspect of the left knee rated 7-9/10 with frequent painful giving way but he has not fallen. There is painful locking. He reports constant pain in the lumbar spine rated 6-9/10 with occasional radiation to the knee area. The request is for PHYSICAL THERAPY 2X3 WITH AN INJECTION AND HEP. The request for authorization is not provided. The patient is status post arthroscopic meniscectomy and debridement of the right knee, 02/24/15. Physical examination of the right knee reveals medial and lateral patella facet and joint line tenderness. He continues to experience residual lateral compartment pain, but this has improved with use of the unloading brace. He complains of continued residual weakness. He states that self-care activities are performed slowly and with discomfort. Symptoms prevent him from walking more than quarter of a mile. Climbing one flight of stairs is performed with a lot of difficulty. He can only sit for 15-30 minutes and stand and walk for less than 15 minutes at a time. He is unable to kneel or squat. Per progress report dated 05/14/15, the patient is temporarily totally disabled. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. MTUS Guidelines pages 98 to 99 state that for patients with myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee- Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three." ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter states: Hyaluronic acid injections; 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. After meniscectomy: This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended. (Baker, 2012) Also see Criteria below: Patients should not have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Per progress report

dated 06/24/15, treater's reason for the request is "In order for the patient to acquire maximum benefit from the surgery." The patient is status post right knee surgery on 02/24/15, and to the UR date of 06/18/15, the patient is within the post-surgical time frame of 4 months. Per UR letter dated 06/18/15, patient completed 12 post-op PT sessions as of 05/12/15. Given the patient condition, the request for 6 additional sessions of PT is reasonable and within MTUS guidelines. Regarding the request for an injection, the treater does not discuss the request, and does not specify the type of injection. In this case, ODG does not recommend Hyaluronic acid injections post arthroscopic meniscectomy. Additionally, ODG requires severe osteoarthritis of the knee for corticosteroid injections, which the patient does not present with. Therefore, the request IS NOT medically necessary.