

<b>Case Number:</b>	CM15-0131991		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male who sustained an industrial injury December 30, 2013. Diagnoses are right greater trochanter bursitis; status post right knee arthroscopy, partial medial and lateral meniscectomy, synovectomy, chondroplasty patellofemoral joint and medial femoral condyle March 5, 2015. The injured worker received physical therapy treatments from March 11, 2015-May 14, 2015. The handwritten visit log is difficult to decipher. According to an orthopedic status report dated May 18, 2015, the injured worker presented for re-evaluation of his right knee. He is now 10 weeks status post surgery with overall knee pain rated 4-5 out of 10. Strength, stability, and range of motion are fair without numbness or tingling, but there is recurrent swelling. Objective findings included; right knee 0-135 degrees range of motion, no swelling ecchymosis of effusion, moderate medial joint line tenderness; mild patellar facet tenderness, mild patellofemoral crepitus, moderate to severe quadriceps-VMO (vastus medialis oblique) atrophy. The physician documented Hyaluronic acid injections were denied x 3 right knee on May 13, 2015. According to the treating physician he has completed his approved physical therapy regimen with improvement in patellar tracking and patellofemoral based pain and he does require additional therapy to continue improvement of lower muscularity and patellar maltracking correction. Treatment plan included continued home exercise, stretching and strengthening program, and continue Mobic. At issue, is the request for authorization for Hyaluronic acid injections and physical therapy. According to utilization review dated June 9, 2015, the requests for Physical Therapy 2 x 5 (10) sessions, right knee and Hyaluronic Acid Injections (3), right knee were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times five visits for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy two times five visits for the right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient is out of the post-op therapy period for this condition. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has completed at least 10 postoperative visits. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 10 more supervised therapy visits therefore this request is not medically necessary.

**Hyaluronic acid injections:** 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).

**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-Hyaluronic acid injections.

**Decision rationale:** Hyaluronic acid injections are not medically necessary per the ODG. The MTUS does not address this request. The ODG states that there must be documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. The ODG states that repeat injections are not indicated without evidence of efficacy. The request as written does not specify a quantity and the documentation does not reveal objective evidence of severe osteoarthritis therefore this request is not medically necessary.