

Case Number:	CM15-0175351		
Date Assigned:	09/17/2015	Date of Injury:	01/29/2015
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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 60 year old male who sustained an industrial injury on 1-29-15. A review of the medical records indicates he is undergoing treatment for lateral meniscus tear of the left knee. He is status post arthroscopic surgery. Medical records (3-19-15 to 7-20-15) indicate complaints of persistent left knee pain. The treating provider indicates that the injured worker is "doing fair" following his left knee arthroscopy, but "has developed degenerative arthritic changes". The treating provider states that the injured worker "has tried physical therapy, icing, and bracing" with little effect, indicating that these modalities "only helped temporarily". The treatment recommendation is for a series of hyalgan injections to the left knee, as well as physical therapy. The utilization review (8-7-15) indicates denial of the requested treatment, indication "no documentation of severe osteoarthritis of the left knee is seen in the notes reviewed".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 5 Hyalgan injections for the left knee: 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), Knee & Leg - 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 (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in January 2015 and underwent left knee arthroscopic surgery on 05/05/15 with a partial meniscectomy and chondroplasty. As of 06/01/15, there had been completion of 6 post-operative physical therapy treatments. When seen in July 2015, he was having persistent knee pain. There was knee tenderness. Vicosupplementation injections and 16 additional physical therapy treatments were requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months and documented symptomatic severe osteoarthritis of the knee. In this case, the claimant was less than 3 months status post surgery and had not failed conservative treatments. There is no diagnosis of severe knee osteoarthritis by x-ray or ACR criteria. The requested series of injections is not medically necessary.

12 sessions of Physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in January 2015 and underwent left knee arthroscopic surgery on 05/05/15 with a partial meniscectomy and chondroplasty. As of 06/01/15, there had been completion of 6 post-operative physical therapy treatments. When seen on July 2015, he was having persistent knee pain. There was knee tenderness. Vicosupplementation injections and 16 additional physical therapy treatments were requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.