

Case Number:	CM15-0177759		
Date Assigned:	09/18/2015	Date of Injury:	09/11/2014
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 9-11-2014. Medical records indicate the worker is undergoing treatment for diabetes mellitus, lumbar myoligamentous sprain-strain, lumbar spondylosis, possible lumbar radiculopathy, right knee chondromalacia and bilateral knee sprain-strain. A recent progress report dated 7-8-2015, reported the injured worker complained of worsened neck, upper and lower back pain, rated 7 out of 10 with rest and 9 out of 10 with activity. She also noted wrist and knee pain. Physical examination revealed a right wrist ganglion cyst that is tender and the right knee has 2+ effusion with crepitus on flexion and extension. Magnetic resonance imaging of the right knee showed chondral damage in the patello-femoral area with no meniscus tears. Treatment to date has included physical therapy, Ibuprofen, Metformin and Cozaar. On 8-21-2015, the Request for Authorization requested 8 visits of physical therapy for the lumbar spine and 3 Orthovisc injections for the right knee. On 8-28-2015, the Utilization Review noncertified the request for 8 visits of physical therapy for the lumbar spine and 3 Orthovisc injections for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Guidelines supports physical therapy (PT) in the treatment of musculoskeletal injuries. In this case, the patient has chronic myofascial pain of the LS spine and chondromalacia of the right knee, the patient to justify additional PT. Therefore the request is not medically necessary or appropriate. Has had previous PT and acupuncture without resolution of symptoms. Now there is a request for additional PT. However there is no evidence submitted to confirm that previous PT has resulted in significant functional improvement. In addition, no evidence-based guidelines have been referenced.

Orthovisc injections x3: 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) Viscosupplementation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee (viscosupplementation).

Decision rationale: CA MTUS does not specifically address viscosupplementation (VS) of the knee. ODG recommends VS as a possible option for severe osteoarthritis in patients who have not responded to conservative measures (exercise, NSAIDs, or Acetaminophen) to potentially delay total knee replacement. There is insufficient evidence for using VS for other conditions of the knee, including chondromalacia. In this case, there is no clear evidence of osteoarthritis and chondromalacia is not an indication for VS. Therefore the request is not medically necessary or appropriate.