

Case Number:	CM15-0036722		
Date Assigned:	03/05/2015	Date of Injury:	02/15/2013
Decision Date:	05/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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 33 year old male who sustained an industrial injury on 02/15/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include x-rays of the right knee. Current complaints include right knee pain. Current diagnoses include knee arthralgia, knee meniscus tear, and knee sprain/strain anterior cruciate ligament. In a progress note dated 01/30/15 the treating provide reports the plan of care as ice/heat, home exercise program, over the counter non-steroidals and analgesics as needed, [REDACTED] weight loss, aqua therapy, patellar tendon strap, Orthovisc injection series for the right knee, [REDACTED] membership for self-directed aqua therapy, and ibuprofen and famotidine. The requested treatments include aqua therapy and Orthovisc injection series for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient orthovisc injection series of right with ultrasound guidance for needle placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, hyaluronic acid injections.

Decision rationale: The patient presents with pain and weakness in his right knee. The request is for Outpatient Orthovisc Injection Series of Right with Ultrasound Guidance for Needle Placement. Per 01/30/15 progress report, the patient walks with a cane. Examination of the right knee shows tenderness over patellofemoral, medial joint line and patella tendon. The range of right knee motion is between 0-100 degrees. McMurray test, Pivot Shift and Lachman Test are positive. The patient is currently not working. MTUS Guidelines are silent on Orthovisc injections. ODG guidelines under knee and leg chapter, state hyaluronic acid injections are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best". ODG further states that the study assessing the efficacy of intra articular injections of hyaluronic acid compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA is somewhat superior to placebo in improving a knee pain and function, with no difference between 3 or 6 consecutive injections. In this case, the patient suffers knee pain with meniscal and ACL issues. The records do not show any previous Orthovisc injection to the right knee. The X-ray of the right knee from 09/11/13 shows "normal appearing, no fracture no subluxation". No significant arthritic findings are noted. ODG guidelines require "severe" arthritis of the knee to consider viscosupplementation injections. This patient is young and does not present with arthritis of the knee. The request is not medically necessary.

Aqua therapy treatment 2 -3 times a week over 4-6 weeks for increased range of motion and strengthening of right knee using modalities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with pain and weakness in his right knee. The request is for Aqua Therapy Treatment 2-3 times a week over 4-6 weeks. Per 01/30/15 progress report, the patient walks with a cane. Physical therapy was authorized in 2013, but the patient has not had physical therapy in the past. The patient has had chiropractic treatment in 2014. Home exercise program is recommended. The patient is currently not working. MTUS page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". In this case, the treater requested "aqua therapy for increased range of motion and strengthening of right knee". There is discussion regarding home exercise. However, the treater does not discuss why aqua therapy is needed over land based therapy. There is no documentation of extreme obesity or a need for weight-reduced exercise

program. Furthermore, the request is not clear how many sessions are being requested. For myalgia, myositis type of condition, MTUS supports 8-10 sessions of therapy. The request is not medically necessary.