

Case Number:	CM15-0042530		
Date Assigned:	03/12/2015	Date of Injury:	04/24/2006
Decision Date:	04/22/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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 62-year-old male injured worker suffered an industrial injury on 4/24/2006. The diagnoses were bilateral knee strain/sprain, left knee internal derangement, right knee chondromalacia and left knee ACL tear. The diagnostic studies were right and left knee magnetic resonance imaging. The treatments were physical therapy, neoprene sleeve, and electrical stimulation, steroid injections, left knee arthroscopy, chiropractic therapy, and occupational therapy. The treating provider reported pain in both knees with tenderness. The requested treatments were: 1. Chiropractic twice (2) per week for six (6) weeks for the Bilateral Knees; 2. Synvisc Injection, Series of Three, Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro twice (2) per week for six (6) weeks for the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 339, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The 62-year-old patient presents with pain in bilateral knees with right knee pain rated at 2/10 and left knee pain rated at 6/10, as per progress report dated 12/04/14. The request is for Chiro twice (2) per week for six (6) weeks for the bilateral knees. The RFA for the case is dated 12/04/14, and the patient's date of injury is 04/24/06. The patient is status post two left knee surgeries with residuals. Diagnoses, as per progress report dated 12/04/14, included bilateral knee strain/sprain, left knee internal derangement, left knee meniscal tear, left knee anterior cruciate ligament tear, and right knee chondromalacia patella. The patient is temporarily totally disabled, as per the same progress report. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In this case, none of the available progress reports document prior chiropractic visits. In the progress report dated 12/04/14, the treating physician is requesting for 12 sessions of chiropractic therapy for "evaluation and treatment of bilateral knees." MTUS, however, recommends a trial of 6 visits. Additional sessions will require an evidence of objective reduction in pain and improvement in function. Hence, the request for 12 sessions is not medically necessary.

Synvisc Injection, Series of Three, 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, Knee Chapter, 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, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections.

Decision rationale: The 62-year-old patient presents with pain in bilateral knees with right knee pain rated at 2/10 and left knee pain rated at 6/10, as per progress report dated 12/04/14. The request is for synvisc injection, series of three, left knee. The RFA for the case is dated 12/04/14, and the patient's date of injury is 04/24/06. The patient is status post two left knee surgeries with residuals. Diagnoses, as per progress report dated 12/04/14, included bilateral knee strain/sprain, left knee internal derangement, left knee meniscal tear, left knee anterior cruciate ligament tear, and right knee chondromalacia patella. The patient is temporarily totally disabled, as per the same progress report. MTUS is silent on Synvisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' 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 or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." ODG further states that "This study assessing the efficacy of intra-articular injections of Hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was

somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections." Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection; there is morbid obesity or draining popliteal cyst. In this case, none of the progress reports document prior synvisc injection. The UR denial letter states that the patient was authorized for synvisc injections in the past but it is not clear if they were administered or not. In progress report dated 12/04/14, the treating physician is requesting for 3 synvisc injections to the left knee "due to the patient's continued left knee pain and symptoms." The physician also states that the injections will help "avoid total knee replacement." Nonetheless, the patient has not been diagnosed osteoarthritis for which the injections are generally indicated. In fact, the patient has been diagnosed with chondromalacia patella, as per progress report dated 12/04/14, and ODG guidelines state that "there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." Hence, the request is not medically necessary.