

Case Number:	CM15-0069358		
Date Assigned:	04/16/2015	Date of Injury:	06/20/2014
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 36 year old male, who sustained an industrial injury on June 20, 2014. He reported slipping and falling on both knees. The injured worker was diagnosed as having right knee meniscal tear and arthritis. Treatment to date has included right knee arthroscopy, Orthovisc injected, physical therapy, MRI, x-ray, and medication. Currently, the injured worker complains of bilateral knee symptoms. The Treating Physician's report dated March 11, 2015, noted the injured worker about two months out from his right knee synovectomy, meniscectomy, and chondroplasty, improving, continuing to use a cane. Physical examination was noted to show mild effusion and mild crepitation and range of motion (ROM) 0 to 130 degrees. The treatment plan was noted to include continued therapy twice a week for the next month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post-op physical therapy (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right knee two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right knee arthroscopic multi compartment synovectomy and partial medial meniscectomy and chondroplasty on January 13, 2015. The injured worker has completed 12 sessions of physical therapy. The progress note dated March 11, 2015 shows the injured worker was present in for follow-up on his right knee. The injured worker was two months post op for the right knee. Objectively, the injured worker has a mild effusion with mild crepitus. Range of motion is 0 to 130. There are no other clinical objective findings documented in the medical record. The injured worker received 12 physical therapy sessions. The injured worker received the guideline recommended amount of physical therapy sessions. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation (pursuant to the March 11, 2015 progress note) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy to the right knee two times per week times six weeks is not medically necessary.

Orthovisc injections (right 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 Treatment in Workers Compensation, 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 Section, Hyaluronic Acid.

Decision rationale: Pursuant to the Official Disability Guidelines, orthovisc injection right knee once per week times four weeks is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous

knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are status post right knee arthroscopic multicompartement synovectomy and partial medial meniscectomy and chondroplasty on January 13, 2015. The injured worker has completed 12 sessions of physical therapy. The documentation from a December 12, 2014 progress note shows the injured worker's primary complaints revolve around the left knee. The documentation from a February 23, 2015 progress note states the right knee is feeling good but the left knee continues to be the primary complaint. On February 6 of 2015, the injured worker received his second orthovisc injection to the left knee. On February 12, 2015, the injured worker had his third orthovisc injection. In a progress note dated March 11, 2015, the treating physician mentions getting authorization for the orthovisc injection. The documentation does not state whether it is right-sided or left-sided (knee). The right knee was improving and there was no clinical rationale for an orthovisc injection to the right knee. There is no documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. Consequently, absent clinical documentation supporting orthovisc injection to the right knee with a clinical rationale to the right knee, orthovisc injection right knee once per week times four weeks is not medically necessary.