

Case Number:	CM14-0148887		
Date Assigned:	09/18/2014	Date of Injury:	10/08/2008
Decision Date:	10/21/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 10/08/2008 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his knees. The injured worker's treatment history included a knee brace, a TENS unit, surgical intervention, physical therapy, aquatic therapy and acupuncture. The injured worker was evaluated on 07/01/2014. It was documented that the injured worker had right knee pain with continued swelling. Objective findings included trace effusion of the right knee with continued swelling of the fat pad and joint line tenderness. The injured worker's range of motion was documented as 0 to 110 degrees, with no evidence of instability. The injured worker's diagnoses included osteoarthritis of the knee. The injured worker's treatment plan included Synvisc injections and 12 acupuncture sessions. The injured worker was again evaluated on 08/01/2014. Range of motion at that appointment was described as 0 to 105 degrees in flexion. The injured worker's treatment plan included continued physical therapy and a Synvisc injection. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection to 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 (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 Knee and Leg Chapter, Hyaluronic Acid Injections

Decision rationale: The requested Synvisc injection is not medically necessary or appropriate. Official Disability Guidelines recommend Synvisc injections for patients who have evidence of severe osteoarthritis on objective and subjective examination supported by an imaging study. The clinical documentation submitted for review failed to provide an imaging study that supported severe osteoarthritis. Although the clinical documentation submitted for review does indicate significantly limited range of motion and joint line tenderness that has failed to respond to several treatment modalities to include physical therapy. The quantitative assessment of the patient's range of motion continues to fall short of recommended guidelines for severe osteoarthritis. It is noted in Official Disability Guidelines that severe osteoarthritis should be represented by range of motion of less than 90 degrees. As such, the requested Synvisc Injection of the Right Knee is not medically necessary.

Physical Therapy to Right Knee 2 Times Weekly for 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy to the right knee 2 times a week for 12 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for myofascial, neuropathic, and radicular pain. The clinical documentation submitted for review does indicate that the injured worker has already participated in physical therapy for the right knee. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. As such, the requested Physical Therapy to Right Knee 2 Times Weekly for 12 Visits is not medically necessary.