

Case Number:	CM13-0064892		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2012
Decision Date:	03/31/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

According to the records made available for review, this is a 61-year-old male with a 3/12/12 date of injury. At the time of request for authorization for aqua therapy x 8 and Hyalgan injections right knee, there is documentation of subjective (right knee pain with swelling) and objective (swelling and redness over the right knee, tenderness over the medial and lateral joint lines, and restricted and painful range of motion) findings, current diagnoses (status post right knee arthroscopic surgeries x2 with chronic residual pain), and treatment to date (physical therapy, 6 previous aquatic therapy visits that have been helping the right knee significantly but very gradually, 4 local cortisone injections, and medications). Regarding aqua therapy x 8, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity) and objective improvement with previous treatment. In addition, the request for 8 additional aquatic therapy visits, in addition to the sessions already completed, would exceed guidelines. Regarding Hyalgan injections right knee, there is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injection Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG), Knee & Leg, Hyaluronic acid injections

Decision rationale: MTUS does not specifically address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroscopic surgeries x2 with chronic residual pain. In addition, there is documentation of failure of conservative treatment (physical therapy, medications, and intra-articular steroid injection). However, there is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Hyalgan injections right knee is not medically necessary.

Aqua Therapy x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Aquatic therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity), as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those, as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 12 visits over 8 weeks in the management of the cited condition/injury. Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroscopic surgeries x2 with chronic residual pain. In addition, there is documentation of at least 6 previous aquatic therapy visits completed to date, that have been helping the right knee significantly but very gradually. However, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity). In addition, despite documentation that previous aquatic therapy visits have been helping the right knee significantly, there is no documentation of objective improvement with previous treatment. Furthermore, the request for 8 additional aquatic therapy visits, in

addition to the sessions already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Aqua therapy x8 is not medically necessary.