

Case Number:	CM13-0014166		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2006
Decision Date:	03/20/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/20/2013

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 Orthopedic Surgery 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:

The patient is a 36-year-old male who reported an injury on 03/03/2006. The mechanism of injury was not provided for review. The patient's injury ultimately resulted in multiple surgical interventions of the left knee and postsurgical physical therapy. The patient had continued pain that was treated with medications, a brace and physical therapy. The patient's most recent clinical examination findings included increased range of motion of the left knee described as 45 degrees in circulation. The patient was released to full duty with a recommendation to participate in a home exercise program to include running, weight lifting and squatting. A recommendation was also made for a work hardening program and a home use of an electro muscular stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left knee, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends that patient's be transitioned into a home exercise program to maintain improvements obtained during supervised skilled therapy. The clinical documentation does indicate that the patient has participated in extensive postoperative therapy. It is also recommended that the patient participate in a vigorous home exercise program. There are no barriers noted within the documentation to preclude further progress of the patient while participating in a home exercise program. Therefore, additional therapy would not be supported. The request for additional physical therapy for the left knee quantity 8 is not medically necessary and appropriate.

Neuromuscular electrical stimulation (NMES) Stim Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not support the use of this type of electrical stimulation for the management of chronic pain. It is primarily used in the rehabilitation program following a stroke. Although the clinical documentation does indicate that this treatment modality was used during physical therapy for this patient continued use would not be supported. The request for a neuromuscular electrical stimulation device is not medically necessary and appropriate.

Iontophoresis with physical therapy quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Iontophoresis.

Decision rationale: The Official Disability Guidelines do not recommend the use of this type of therapy unless there is evidence of calcific tendinopathy, inflammatory conditions or hyperhidrosis. The clinical documentation submitted for review does not provide any evidence that the patient has any of these disease processes or symptoms. The request for Iontophoresis with physical therapy quantity 8 is not medically necessary and appropriate.

vial of Dexamethasone 4 mg #30: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347.

Decision rationale: The American College of Occupational and Environmental Medicine recommends use of corticosteroid injections as an option in management of chronic pain of the knee and leg. However, the clinical documentation submitted for review does not provide any objective deficits that would benefit from this course of treatment. Additionally, continued injections should be based on documented functional benefit. Therefore, an order of 30 vials would be considered excessive. Additionally, there is no documentation to support goals of treatment or how this medication will be administered to the patient. The request for 1 vial of dexamethasone 4 mg #30 is not medically necessary and appropriate.