

Case Number:	CM13-0058557		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2013
Decision Date:	04/01/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 66 year old female who was injured on 08/30/2013 while performing her usual and customary job duties as a teacher. She indicated that on this day, she was getting items out of her car when she picked something up, twisted her body to turn and she fell onto her right knee. She did feel immediate pain in her right knee. Prior treatment history has included physical therapy and prescription medications. The patient has a past medical history of a left TKR in 2003. Diagnostic studies reviewed include x-ray right knee 2 views revealed mild narrowing of the medial compartment. Clinic note dated 09/05/2013 documented the patient to have complaints of pain in the right knee. Objective findings on exam revealed a 20 cm long vertical scar over the knee. The right knee was not swollen or hot. She had maximum tenderness 1-1/2 inch below the right patella. She used a cane and was able to heel and tip-toe walk with mild pain. Neurological examination revealed the patient was alert and oriented times 4 with no focal deficits. Deep tendon reflexes were normal bilaterally. PR note dated 09/19/2013 documented the patient was feeling better but still had pain down to the right foot. She was tender at the knee but had less swelling. PR note dated 09/26/2013 documented the patient had no complaints. She had full range of motion. She showed improvement. PR note dated 10/23/2013 documented the patient to have complaints of recurrent pain in the right knee. Objective findings on exam revealed tenderness over the right knee with no effusion. She had a normal gait. PR note dated 11/06/2013 documented the patient to have complaints of constant daily pain and discomfort rated at 6/10. She felt pain under her knee cap. She described feeling sharp pain, aching, catching and at times radiating numbness and tingling to her ankle. There was occasional swelling that extended down to her ankle. The pain was aggravated by walking and going up stairs. Objective findings on exam revealed the right knee had positive effusion, pain medially, positive McMurray's testing medially, positive popping, and decreased range of

motion. The patient was diagnosed with medial meniscus and osteoarthritis, localized, primary, involving lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for trigger point injections 4-4-2, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation ODG Pain (updated 11/14/13), Section on Trigger Point Injections, (TPIs), and Criteria for use of Trigger Point Injections (TPIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 346; Chronic Pain Treatment Guidelines Page(s): 122..

Decision rationale: The CA MTUS has very scarce guidance on the use of Trigger Point Injections for the knee. According to the summary of recommendations, knee complaints, aspirations and injections is not recommended due to the lack of evidence for efficacy for improvement. The guidelines for use of trigger point injections under the chronic pain section of the MTUS, TPI are recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The patient does not meet the criteria; therefore the request is not certified.