

Case Number:	CM14-0107958		
Date Assigned:	08/01/2014	Date of Injury:	08/14/1996
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 38-year-old female who was injured on 8/14/1996 after stepping into a hole and twisting her left knee. She was diagnosed initially with left knee sprain, then later with left knee subluxation/dislocation, and chondromalacia of the patella of the left knee. Earlier in her course of care she was treated with physical therapy, and surgery (left knee lateral release). She also used a knee brace occasionally to help stabilize her left knee since she experienced pain, clicking, and a sensation that it was going to buckle, and these mild symptoms were present as early as 2001 or earlier, according to the notes available for review. On 6/6/14, the worker was seen by her physician complaining of intermittent mild left knee pain with occasional instability, but not enough to cause falling. She also reported left knee swelling, inability to run due to pain, and popping in the left knee with movement. Physical examination revealed left patellar crepitus, patellar compression, slight patella mobility, mild swelling, and medial joint ligament tenderness. She was then recommended she get x-rays and an MR arthrogram of her left knee and start using flurbiprofen cream as well as go to physical therapy (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays to left knee (5views) and Anteroposterior (AP) standing of both knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special studies, including x-rays, of the knees are not needed for most knee complaints until after a period of care and observation and once red flag issues are ruled out. Criteria for not requiring an x-ray of the knee, based on the American College of Radiology (ACR), include: 1. The patient is able to walk without a limp, and 2. The patient had a twisting injury and there is no effusion. Also, criteria for ordering an x-ray include: 1. Joint effusion within 24 hours of direct blow or fall, and 2. Palpable tenderness over fibular head or patella, 3. Inability to walk (four steps) or bear weight immediately or within a week of the trauma, 4. Inability to flex knee to 90 degrees, and 5. Patients with significant Hemarthrosis and a history of acute trauma. In the case of this worker, her injury was many years previous to the recent requests, and her reported symptoms were not significantly different than many years earlier. No red flags were identified in the notes provided for review, and the criteria above for ordering x-rays were not met. Therefore, the X-rays of the left knee are not medically necessary.

MR (Magnetic Resonance) Arthrogram to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that for special testing, such as MR Arthrogram, are not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. None of these criteria have been met in the case of this worker, and her symptoms have not changed much over the years, according to the documents available for review. Laxity and tenderness of her left medial collateral ligament does not warrant any MR testing, particularly an MR arthrogram, nor would it likely lead to a change in the treatment plan. Therefore, the MR arthrogram is not medically necessary.

Flubiprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs specifically have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, but topical NSAIDs, specifically, are not recommended for neuropathic pain. The only FDA-approved topical NSAID happens to be Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there is no diagnosis of osteoarthritis, and topical flurbiprofen is not approved for knee pain. Therefore, the flurbiprofen cream is not medically necessary.

Twelve (12) physical therapy sessions to left knee,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In this case, the worker should have already been instructed on how to perform home exercises following her injury in order to minimize her symptoms. It is unclear if she was performing these home exercises. It is reasonable to have her visit with a physical therapist a few times (1-3 times) in order to gain instruction on proper technique for these exercises, but 12 sessions, seems excessive in this case, and are not medically necessary.