

Case Number:	CM14-0116435		
Date Assigned:	08/04/2014	Date of Injury:	04/22/2014
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 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 patient is a 50-year-old male who has submitted a claim for sprain of lateral collateral ligament of knee associated with an industrial injury date of April 22, 2014. Medical records from 2014 were reviewed. The patient complained of left knee pain rated 9/10. He had one prior physical therapy visit; however response to treatment was not discussed. Examination of the left knee showed tenderness at the lateral upper condyle and pain with varus stress without laxity. Left knee x-ray was obtained on May 1, 2014 and demonstrated only some patchy calcification in the area of the lateral epicondyle. No fracture or dislocations were noted. An MRI of the left knee was also done on May 8, 2014, however, formal report was not provided. The diagnosis was possible posterolateral corner injury of the left knee with interval healing and continued soreness. Treatment to date has included ibuprofen, hydrocodone-acetaminophen, topical compounded medication, ice, and physical therapy. Utilization review from July 22, 2014 modified the request for physical therapy 2x6 to 2x3 to allow initial 6 visits. The request for corticosteroid injection was denied because there was no indication that patient has advanced osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface: Physical Therapy Guidelines; Knee Chapter, Physical medicine treatment.

Decision rationale: According to pages 98-99 of the MTUS Chronic Pain Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. According to the ODG, patients should be formally assessed after a "six-visit clinical trial" prior to continuing with the physical therapy. A total of 12 visits over 8 weeks are recommended for sprains and strains of knee and leg. In this case, the patient has received one session of physical therapy and may still benefit from continued treatment. However, the guideline requires 6 trial visits and assessment of response prior to continuing treatment. The medical necessity has not been established at this time. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request did not specify body part for treatment. Therefore, the request for Physical Therapy #12 is not medically necessary.

Steroid Joint Injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Criteria for Intraarticular glucocorticosteroid 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 Chapter, Corticosteroid injections.

Decision rationale: According to the ODG, criteria for intraarticular glucocorticosteroid injections include documented symptomatic severe osteoarthritis of the knee. In this case, there was no indication of severe osteoarthritis based on the medical records provided. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request did not specify body part for treatment. Therefore, the request is not medically necessary.