

Case Number:	CM14-0124682		
Date Assigned:	08/08/2014	Date of Injury:	08/21/2002
Decision Date:	09/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 69-year-old female who reported an injury on 06/21/2002 due to unspecified mechanism of injury. The injured worker had a history of bilateral knee pain. No diagnosis was provided. The MRI dated 07/08/2014 revealed status post right knee replacement without significant complications and stable mild degenerative changes of the left knee. The past treatments included physical therapy. No objective findings or physical examination was provided. The treatment plan included physical therapy and Depakote Depo Medrol injections to the bilateral knees. No medications or VAS provided. The Request for Authorization was dated 08/01/2014 and was submitted with documentation. The rationale for the physical therapy was for safety and gait functioning. No rationale for the Depakote injections to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to both knees #12: Upheld

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

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

Decision rationale: The request for physical therapy to both knees #12 is not medically necessary. The California MTUS states that physical medicine with 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical notes did not address functional deficits, measurable pain, no physical examination provided, no medication was provided. The physical therapy notes were vague. As such, the request is not medically necessary.

Retrospective Injection of 40mg Depo-Medrol Right knee #1 for DOS 6/17/14: Upheld

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

Decision rationale: The retrospective injection of 40 mg of Depo-Medrol right knee #1 for DOS 06/17/2014 is not medically necessary. The Official Disability Guidelines recommend for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. The criteria for intra-articular glucocorticosteroid injections are Bony enlargement (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr. (5) Less than 30 minutes of morning stiffness (6) No palpable warmth of synovium (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). Not controlled adequately by recommended conservative treatments Pain interferes with functional activities and not attributed to other forms of joint disease. Intended for short-term control of symptoms to resume conservative medical management or delay TKA. Generally performed without fluoroscopic or ultrasound guidance. The clinical notes did not provide objective findings, did not provide medication, functional deficit was not provided; measurable pain levels were not provided. The injured worker was receiving physical therapy, however report was vague. The criteria indicated the injured worker should have bony enlargement, bony tenderness, crepitus, sedimentation rate, no palpable warmth. It is recommended for conservative treatments. As such, the request is not medically necessary.

Retrospective request for Injection of 40mg Depo-Medrol Left Knee #1 DOS 6/17/14: Upheld

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

Decision rationale: The decision for retrospective request for injection of 40 mg Depo-Medrol left knee #1 DOS 06/17/2014 was not medically necessary. The Official Disability Guidelines recommend for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. The criteria for intra-articular glucocorticosteroid injections are Bony enlargement (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr. (5) Less than 30 minutes of morning stiffness (6) No palpable warmth of synovium (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). Not controlled adequately by recommended conservative treatments Pain interferes with functional activities and not attributed to other forms of joint disease. Intended for short-term control of symptoms to resume conservative medical management or delay TKA. Generally performed without fluoroscopic or ultrasound guidance. The clinical notes did not provide objective findings, did not provide medication, functional deficit was not provided; measurable pain levels were not provided. The injured worker was receiving physical therapy, however the clinical were vague. The criteria indicated the injured worker should have bony enlargement, bony tenderness, crepitus, sedimentation rate, no palpable warmth. It is recommended for conservative treatments. As such, the request is not medically necessary.