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| Case Number: | CM14-0130693 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/16/2012 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 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 44-year-old male who reported an injury on 10/16/2012. The mechanism of injury reportedly occurred when he injured his left knee, climbing up and down a ladder. His diagnoses include chondromalacia patella, tendonitis knee other, medial plica knee, synovitis in diseases classified as elsewhere and chondromalacia. Past treatment includes diagnostic studies, medications, injections, physical therapy, and 12 sessions of acupuncture. Diagnostic studies include x-rays of the right knee. On 08/11/2014 the injured worker was seen for knee pain. The injured worker was 1+ years status post arthroscopy of the left knee with synovectomy and chondral shaving of the medial femoral condyle. The injured worker has started and completed physical therapy. The injured worker stated steroid injection made his knee worse. The injured worker received a Hyalgan injection to the left knee about 4 and a half months ago. The injured worker had improvement from said injection, though he continued to have pain and swelling to the knee. Upon exam there was slight tenderness about the medial joint line. There was tenderness about the medial femoral condyle and the medial edge of the medial femoral condyle. X-rays of the knee demonstrated no evidence of fractures, arthritis or loose bodies. The treatment plan was for physical therapy with iontophoresis with dexamethasone. On 06/30/2014 the injured worker was seen for his knee pain. Upon exam there was no tenderness noted. The request is for physical therapy with iontophoresis with dexamethasone. The rationale and Request for Authorization were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with iontophoresis with dexamethasone treatments.: Upheld

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

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, Iontophoresis

Decision rationale: The injured worker has a history of knee pain. He has completed a course of physical therapy an unknown amount of sessions. The injured worker has received steroid injection to the left knee. The injured worker has received 12 sessions of acupuncture, completed 12 visits of physical therapy. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), and pharmacologic treatments. Or if the injured worker is intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; there needs to be documented symptomatic severe osteoarthritis of the knee; pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids. The guidelines state hyaluronic acid injection is not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, and osteochondritis dissecans. This is because the effectiveness of hyaluronic acid injections for these indications has not been established. The patient had previous steroid injections which have made his knee worse. The injured worker's pain is chronic. As such, the medical necessity has not been established. As such, the request for Physical therapy with iontophoresis with dexamethasone treatments is not medically necessary.