

Case Number:	CM14-0143486		
Date Assigned:	09/10/2014	Date of Injury:	03/14/2012
Decision Date:	12/12/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/04/2014

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 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:

This is a 46-year-old male who reported an industrial injury to his right knee on 3/14/2012, 2 years ago, attributed to the performance of his usual and customary job tasks. The patient was diagnosed with a knee sprain/strain and received eight (8) additional sessions of physical therapy subsequent to the provided post operative rehabilitation PT to the right knee. There were no objective findings documented for examination other than reported 1+ swelling and TTP to the MJL. The patient was being treated for a chronic right knee sprain/strain status post arthroscopy with partial medial meniscectomy. The patient was prescribed additional physical therapy 2-3x4 with infrared, massage, myofascial release, iontophoresis, electrostimulation and Dexamethasone Sodium phosphate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 4 weeks, Infrared, Massage, Myofascial Release, Iontophoresis, Electro-Stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter-Knee physical therapy

Decision rationale: The request for an additional 2-3 x 4 sessions of PT to the right knee after 8+ sessions of PT were provided in addition to the post operative rehabilitation PT was not supported with objective evidence to support medical necessity. The patient is 2 years status post date of injury for a right knee injury with subsequent arthroscopy of the knee for a meniscal tear and should be in a self-directed home exercise program. The patient is diagnosed with a right knee sprain/strain and anxiety and is s/p (status post) right knee arthroscopy. There are no documented objective findings to support the medical necessity of additional PT over the recommended self-directed home exercise program. The patient is not documented to have right knee muscle atrophy or weakness due to the industrial injury 2 years subsequent to the DOI. There was no rationale by the treating physician to support the medical necessity of additional PT. The patient has received 8+ sessions of rehabilitation PT in addition to the recommended post operative PT to the knee. There is no medical necessity for more than the previously authorized eight (8) sessions of PT for the rehabilitation of the knee for the cited diagnoses. The patient is reported to be 2 years status post date of injury to the right knee and has exceeded the California MTUS time period recommended for rehabilitation of the post operative right knee. The request for additional sessions of PT is in excess of the number recommended by the CA MTUS. The patient is documented to have right knee pain with no objective findings on that cannot be addressed in a HEP. The objective findings were limited to a reported 1+ swelling and MJL tenderness to palpation. There is no evidence the patient cannot increase strength and conditioning in a self-directed home exercise program. The treating physician provided no rationale supported with objective evidence to support the medical necessity of additional physical therapy in excess of the number recommended by the California MTUS. The CA MTUS recommend a total of twelve (12) sessions over 12 weeks for the rehabilitation of the knee s/p arthroscopic surgical intervention with integration into a self-directed home exercise program. The request exceeds the CA MTUS recommendation of a total of nine (9) sessions over 8 weeks for the rehabilitation of the knee or LE (lower extremity) s/p sprain/strain with integration into a self-directed home exercise program. The patient has received 8 additional sessions and should be in a HEP (home exercise program). The subsequent conditioning and strengthening is expected to be accomplished with the self-directed home exercise program. There is no demonstrated medical necessity for the requested: Physical Therapy 2-3 Times a Week for 4 Weeks which includes the PT treatment modalities of Infrared, Massage, Myofascial Release, Iontophoresis, and Electro-Stimulation.

Dexamethasone Sodium phosphate 4mg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs; elbow chapter--iontophoresis; knee chapter--physical therapy post op and strain/sprain.

Decision rationale: The requested Dexamethasone sodium phosphate 4mg/ml was requested for use with the requested iontophoresis treatment to the right knee. This form of Dexamethasone is not taken orally but is used topically with a pad to the effective body parts and an electrical current is applied to drive the corticosteroid into the skin and the affected body part. The iontophoresis was directed to the right knee sprain/strain and to be performed in conjunction with physical therapy to the right knee as one of the treatment modalities that included Infrared, Massage, Myofascial Release, Iontophoresis, and Electro-Stimulation. Since the requested PT and iontophoresis treatment was not medically necessary, the requested Dexamethasone sodium phosphate 4 mg/ml was not medically necessary. Iontophoresis, in conjunction with other conservative therapies and interventions, has been shown to effectively manage painful symptoms associated with superficial tissue structures in a wide variety of patients. Iontophoresis is an electro medical method of delivering chemicals through the skin to a specific anatomical site. This electrochemical treatment avoids the potential adverse effects of medicating a local problem systemically while allowing for a much more concentrated drug dosage to the pathological site. In rehabilitation medicine, including physical therapy, iontophoresis is used to reduce inflammation that might be seen in musculoskeletal conditions such as lateral epicondylitis, medial epicondylitis, plantar fasciitis, tendonitis/bursitis, rheumatoid arthritis, and enthesopathic conditions of various origins. The most popular and well researched iontophoresis application is the use of Dexamethasone, a corticosteroid in a sodium phosphate solution. In this form, the drug is composed of negatively charged ions of Dexamethasone phosphate and, when loaded into a negatively charged reservoir or electrode pad, the electrical force of the like charges pushes the medication molecules into the desired area. The treatment is administered clinically for 15-20 minutes per session. In a physical therapy setting, iontophoresis is typically one of several treatment interventions applied, so the addition of another 15-20 minutes to a pre-existing 60 minute program is a time burden for some patients. There is no demonstrated medical necessity for the requested Dexamethasone/iontophoresis for the treatment of the right knee.