

Case Number:	CM14-0169818		
Date Assigned:	10/20/2014	Date of Injury:	01/08/2009
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 Interventional Spine, 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 57-year-old male with an injury date of 01/08/09. Based on the 09/04/14 progress report provided by [REDACTED], the patient complains of right knee pain rated 7/10. Patient ambulates with antalgic gait. Physical examination to the right knee reveals diffuse swelling and positive crepitus. Patient is currently taking Norco, Celebrex, Cymbalta and Lunesta. Patient is permanent and stationary. Cortisone injection was completed on 09/04/14 per treater report; however procedure note dated 09/04/14 shows that procedure was done to the right knee. Patient underwent left hip intraarticular injection and left hip Arthrogram for diagnosis of left hip osteoarthritis, per operative reports dated 01/24/14 and 07/18/14. Diagnosis 09/04/14- Displacement lumbar disc with myelopathy, worse- Chronic pain syndrome, stable- Degenerative joint disease knee, worse Treater is requesting 30 day trial of interferential stem unit to be used in combination with exercise and medication to increase function and activity level and prevent increasing medication doses. Treater report dated 08/26/14 states that previous use of e-stim units in physical therapy was beneficial. Treater is requesting injection to the right knee to reduce swelling and improve range of motion. The utilization review determination being challenged is dated 09/04/14. The rationale follows: 1) 1 Right Knee cortisone injections: "patient is not the candidate for cortisone injection." 2) 30 days trial of interferential stim unit: "not recommended as an isolated intervention." [REDACTED] is the requesting provider and he provided treatment reports from 01/24/14 - 09/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right knee cortisone injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 and 346.

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 (Acute & Chronic) chapter, Corticosteroid injections

Decision rationale: Patient presents with right knee pain rated 7/10. The request is for 1 Right Knee cortisone injections. His diagnosis dated 09/04/14 includes degenerative joint disease knee and displacement lumbar disc with myelopathy. ODG Guidelines, Knee & Leg (Acute & Chronic) chapter, Corticosteroid injections states: "ODG guidelines on cortisone injection for knee: Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections:- Documented symptomatic severe osteoarthritis of the knee- Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen);- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;"Treater is requesting injection to the right knee to reduce swelling and improve range of motion. Patient presents with degenerative joint disease of the knees, and physical examination to the right knee on 09/04/14 revealed diffuse swelling and positive crepitus. Patient is currently taking Norco, Celebrex, Cymbalta and Lunesta, however the knee is worse. Based on guidelines, the patient's knee pain may be reduced, at least for short-term and injection is recommended for osteoarthritis. The request is medically necessary.

30 days trial of interferential stim unit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Patient presents with right knee pain rated 7/10. The request is for 30 days trial of interferential stim unit. His diagnosis dated 09/04/14 includes degenerative joint disease knee and displacement lumbar disc with myelopathy. Patient underwent left hip intraarticular injection and left hip Arthrogram for diagnosis of left hip osteoarthritis, per operative reports dated 01/24/14 and 07/18/14. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g.,

repositioning, heat/ice, etc.)."Treater is requesting 30 day trial of interferential stem unit to be used in combination with exercise and medication to increase function and activity level and to prevent increasing medication doses. Treater report dated 08/26/14 states that previous use of e-stim units in physical therapy was beneficial. It would appear that given the patient's persistent symptoms, trial of IF unit for 30 days are reasonable. The request is medically necessary.