

Case Number:	CM14-0030587		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2012
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 and 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 56-year-old male who reported an injury on 08/29/2012. The mechanism of injury was not specifically stated. The current diagnoses include a complex tear of the posterior horn and body of the medial meniscus in the right knee, chondromalacia patella, subluxation, hypertrophic synovitis, loose body in the right knee, and morbid obesity. The injured worker was evaluated on 06/03/2014 with complaints of persistent right knee pain and instability. A physical examination on that date revealed quadriceps weakness, full extension, decreased tibiofemoral rotation, exquisite tenderness over the lateral facet, patellar compression pain, exquisite tenderness over the body and posterior horn of the medial meniscus, and positive McMurray's testing. Treatments at that time included a weight loss program, authorization for a pain management consultation, laboratory studies, twelve sessions of physical therapy, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Corticosteroid injection to the right knee: 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), Knee and Leg (Acute and Chronic), Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, CORTICOSTEROID INJECTIONS.

Decision rationale: The California MTUS: American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state invasive techniques, such as needle aspiration of effusions and cortisone injections, are not routinely indicated. The Official Disability Guidelines (ODG) state criteria for intra-articular glucocorticosteroid injections include documentation of symptomatic severe osteoarthritis of the knee. There should be evidence of bony enlargement, bony tenderness, crepitus, an erythrocyte sedimentation rate (ESR) less than 40mm per hr, less than 30 minutes of morning stiffness, and no palpable warmth of synovium. There should be documentation of pain that interferes with functional activities, and pain that has been ineffectively controlled by conservative treatment. The injured worker's physical examination does not indicate any signs or symptoms of severe osteoarthritis as outlined by the Official Disability Guidelines. There is also no mention at an attempt at conservative treatment to include exercise, use of a non-steroidal anti-inflammatory drug (NSAID), and acetaminophen. Therefore, the injured worker does not meet criteria for the corticosteroid injection to the right knee. As such, the request is not medically necessary.

Physical Therapy sessions for the right knee, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, PHYSICAL THERAPY.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines state physical medicine treatment for a derangement of the meniscus or chondromalacia patella includes 9 visits over 8 weeks. The current request for physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.