

Case Number:	CM14-0034205		
Date Assigned:	06/20/2014	Date of Injury:	08/27/2011
Decision Date:	07/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 patient is a 57 year old male who was injured on 08/27/2011. The mechanism of injury is unknown. Prior medication history included Norco, Fluconazole, Meloxicam, ofamethoxazole, and Tylenol. Diagnostic studies reviewed include MRI of the left knee on 09/12/2013 revealed small osteochondral lesion at the medial side of the trochlear groove as described. No loose fragments seen. Minimal fluid about the knee joint. Menisci and cruciate ligaments intact. Progress report dated 01/24/2014 states the patient complained of pain that has been unchanged. She stated her quality of sleep is poor and her depression and anxiety has increased. On exam, the patient appeared depressed and in mild pain. The thoracic spine reveals full flexion, extension and lateral bending. There is a loss of normal lordosis with straightening. Range of motion is restricted with flexion limited to 42 degrees, extension limited to 7 degrees, right lateral bending limited to 15 degrees and left lateral bending limited to 15 degrees. Lumbar facet loading is positive on the left side. Straight leg raise is positive on the left side in sitting position at 65 degrees. The left knee revealed tenderness to palpation over the lateral joint line, medial joint line and VMO. Sensation is decreased to light touch over the medial foot on the left side. Diagnosis is backache. The treatment and plan included a follow up and medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CBT Psychotherapy sessions: 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), Psychological treatment, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation and treatment Page(s): 100-102.

Decision rationale: Per CA MTUS guidelines, psychotherapy in chronic pain is indicated for appropriately selected patients during the treatment, which includes conceptualizing patient's pain beliefs and coping skills, assessing cognitive function and addressing comorbid mood disorders. The records indicate that the patient was authorized for 4 session of psychotherapy; however there is no documentation of any functional improvement to demonstrate the effectiveness of treatment and to justify continued therapy. Therefore, the medical necessity of the request is not established at this time.

Knee Injection, Steroid/Local (left side): 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 Chapter, Corticosteroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Corticosteroid injections.

Decision rationale: As per CA MTUS/ACOEM guidelines, invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Per ODG guidelines, corticosteroid injection is recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritis knee pain one week after injection. The beneficial effect could last for 3-4 weeks, but is unlikely to continue beyond that. In this case, MRI of the left knee on 09/12/2013 has revealed small osteochondral lesion, but no evidence of osteoarthritis. Therefore, the patient does not meet the criteria and medical necessity of this request is not established based on the clinical information and guidelines.