

Case Number:	CM14-0191686		
Date Assigned:	11/25/2014	Date of Injury:	09/12/2006
Decision Date:	01/12/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Pain 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 male patient with a date of injury of September 12, 2006. A utilization review determination dated November 6, 2014 recommends non-certification of 12 sessions of physical therapy, 1 right varus off loader brace, 1 bilateral knee joint injection with 40 mg Kenalog and 30 ml of lidocaine 1%. A progress note dated October 16, 2014 identifies subjective complaints of left knee pain, swelling, stiffness, and giving out. The patient has had a total of six left knee surgeries. The patient states that medication, ice, rest, and heat improve the symptoms. The patient reports that the weather, walking, stairs, kneeling, exercise, standing for long periods, and squatting make the symptoms worse. The patient's current pain level of the left knee is a 7/10 and is worsening. The patient also complains of right knee pain, swelling, and stiffness. The patient reports that medications, ice, rest, and heat improve the symptoms. The patient reports that walking, stairs, kneeling, standing for long periods, and squatting make the symptoms worse. The patient's pain level of the right knee is a 6/10 and is worsening. The patient states that he has cysts in his right knee. The patient reports that he wears braces on both knees to help with stability. The physical examination of the left knee reveal diffuses MJL, LJL, anterior knee tenderness, and moderate crepitus. The physical examination of the right knee reveals tenderness of the LFC and LJL. The diagnoses include bilateral knee pain, left knee arthritis, left lateral meniscus tear, left medial meniscus tear, and an old disruption of the anterior cruciate ligament. The treatment plan recommends bilateral knee joint injection with 40 mg of catalog and 3 ml of Lidocaine 1%, a prescription for a left CTI ACL stabilizing brace, a prescription for a right varus off loader brace intended to offload lateral compartment where location of chondral wear and pain is, and a prescription for bilateral knee physical therapy for strength and stability. An MRI of the left knee done on March 21, 2014, identifies overall severe tricompartmental osteoarthritis, medial and lateral meniscal tears, complete tear of ACL graft and interval development of

moderate size cysts in the posterior aspect of the proximal tibial plateau likely related to osteoarthritis. An MRI of the right knee dated May 30, 2014 reveals patellofemoral and lateral compartment chondromalacia, and parameniscal versus ganglion cyst anterior to the anterior horn of the lateral meniscus. An X-ray of the right knee dated May 30, 2014 identifies mild patellofemoral and lateral compartment degenerative change. An x-ray of the left knee dated March 21, 2014 identifies degenerative changes most evident in the patellofemoral joint, prior ACL repair, and interval development of a moderate size cyst in the posterior aspect of the tibial plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Physical Therapy

Decision rationale: Regarding the request for 12 sessions of physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Additionally, the number of visits requested exceeds the number of visits appropriate for a physical therapy trial for the diagnoses of knee meniscus tears and knee arthritis, for which the guidelines recommend a total of 9 visits over 8 weeks. Furthermore, it is unclear how many sessions of physical therapy the patient has completed in the past and if the patient obtained any functional improvement. In the absence of such documentation, the current request for 12 sessions of physical therapy is not medically necessary.

1 Right Varus Offloader Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Unloader Brace

Decision rationale: Regarding the request for 1 right varus offloader brace, Occupational Medicine Practice Guidelines do not contain criteria for the use of unloader braces. ODG guidelines state that unloader braces are designed specifically to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. Within the documentation available for review, there is no indication that the patient has medial compartment arthritis of the right knee. In the absence of such documentation, the current request for 1 right varus offloader brace is not medically necessary.

1 Bilateral Knee Joint Injection with 40 mg Kenalog and 30 ml of Lidocaine 1%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg , Corticosteroid injections

Decision rationale: Regarding the request for 1 bilateral knee joint injection with 40 mg Kenalog and 30 ml of Lidocaine 1%, ODG states that intra-articular corticosteroid injections are 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. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of 1) severe osteoarthritis of the knee with knee pain 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease ;4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Guidelines go on to state that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; the number of injections should be limited to three. Within the documentation available for review, the requesting physician did not document the number of physical therapy sessions completed in the past or if the patient obtained any functional improvement from the therapy. Additionally, there is no documentation of failed NSAID treatment. As such, the currently requested 1 bilateral knee joint injection with 40 mg Kenalog and 30 ml of Lidocaine 1% is not medically necessary.