

Case Number:	CM15-0106548		
Date Assigned:	06/10/2015	Date of Injury:	06/07/2014
Decision Date:	07/20/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 39 year old female, who sustained an industrial injury on 6/7/14. She has reported initial complaints of right knee pain with popping, clicking, giving way and locking. The diagnoses have included right knee cruciate ligament sprain versus partial tear, right knee internal derangement, right carpal tunnel syndrome, right wrist contusion, loss of sleep and psyche component. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, right knee support, splinting, and home exercise program (HEP). Currently, as per the physician progress note dated 2/4/15, the injured worker complains of constant severe throbbing right knee pain, stiffness, heaviness and weakness radiating to the right ankle. There are also complaints of loss of sleep due to pain and she reports depression, anxiety and irritability. The objective findings reveal that she uses right knee support, right knee range of motion is decreased and painful, and there is tenderness to palpation of the medial knee, lateral knee, medial joint line and lateral joint line. McMurray's, Valgus and Varus tests cause pain. The current medications included Ultracet, Naproxen, Prilosec and Menthaderm cream. There are no previous diagnostic reports noted in the records and there is no previous therapy sessions noted. The physician requested treatments included Retrospective request: right knee injection with Lidocaine 1 1/2 cc, 20mg Kenalog with DOS 04/22/15 and Retrospective request: Range of motion testing with DOS 04/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: right knee injection with Lidocaine 1 1/2 cc, 20mg Kenalog With DOS 04/22/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: ACOEM states that corticosteroid injections for the knee are not typically effective. The patient has an injury greater than one year of age and has participated in therapy. The patient remains symptomatic. There are few conservative treatment options remaining for this patient. The injection does not adhere to MTUS 2009 but is medically necessary since there are no other remaining conservative treatment options. The cortisone injection could be effective and result in improved recovery.

Retrospective request: Range of motion testing with DOS 04/22/15: Upheld

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 Functional Improvement Measures Page(s): 48.

Decision rationale: MTUS 2009 states that measuring improvement is appropriate to monitor the effectiveness of treatment. The physical examination would document range of motion to determine if therapy is effective. These measurements are typically part of the physical examination. A separate and distinct measurement of range of motion is not necessary since it should already be part of the physical examination. Therefore, this request for a separate range of motion assessment beyond that provided in the physical examination is not medically necessary.