

Case Number:	CM15-0135788		
Date Assigned:	07/23/2015	Date of Injury:	03/18/2011
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency 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:

This is a 67 year old male with a March 18, 2011 date of injury. A progress note dated May 28, 2015 documents subjective complaints (pain in right knee gradually returned recently; difficulty walking; right leg feels weaker than the left), objective findings (slight warmth of the right knee compared to the left; medial joint line pain; crepitus with range of motion; decreased range of motion; effusion on the right knee; closure of the medial compartment with varus stress on the right; ambulates with a limp), and current diagnoses (knee pain; medial meniscus tear; osteoarthritis). Treatments to date have included viscosupplementation injections of the right knee, knee bracing, medications, x-rays of the knee (showed bone on bone collapse medially on the flexed weight bearing view of the right knee), and physical therapy. The medical record indicates that the injured worker received benefit from the knee injections, but that the pain recently returned. The treating physician documented a plan of care that included physical therapy for the right knee, and a cortisone injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient initial physical therapy two (2) times a week for six (6) weeks for the right knee:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional improvement measures Page(s): 98-99, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-99.

Decision rationale: The requested Outpatient initial physical therapy two (2) times a week for six (6) weeks for the right knee is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The treating physician has documented subjective complaints (pain in right knee gradually returned recently; difficulty walking; right leg feels weaker than the left), objective findings (slight warmth of the right knee compared to the left; medial joint line pain; crepitus with range of motion; decreased range of motion; effusion on the right knee; closure of the medial compartment with varus stress on the right; ambulates with a limp), and current diagnoses (knee pain; medial meniscus tear; osteoarthritis). Treatments to date have included viscosupplementation injections of the right knee, knee bracing, medications, x-rays of the knee (showed bone on bone collapse medially on the flexed weight bearing view of the right knee), and physical therapy. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, outpatient initial physical therapy two (2) times a week for six (6) weeks for the right knee is not medically necessary.

Cortisone injection for 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.

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) (updated 11/29/13) Corticosteroid injections.

Decision rationale: The requested Cortisone injection for the right knee is not medically necessary. MTUS does not address this issue. Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic) (updated 11/29/13) Corticosteroid injections, note the following criteria for Intraarticular glucocorticosteroid injections: "Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); 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; Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance; Absence of synovitis, presence of effusion preferred (not required); Aspiration of effusions preferred (not required). "The treating physician has documented subjective complaints (pain in right knee gradually returned recently; difficulty walking; right leg feels weaker than the left), objective findings (slight warmth of the right knee compared to the left; medial joint line pain; crepitus with range of motion; decreased range of motion; effusion on the right knee; closure of the medial compartment with varus stress on the right; ambulates with a limp), and current diagnoses (knee pain; medial meniscus tear; osteoarthritis). Treatments to date have included viscosupplementation injections of the right knee, knee bracing, medications, x-rays of the knee (showed bone on bone collapse medially on the flexed weight bearing view of the right knee), and physical therapy. The treating physician has not documented the above-referenced criteria. The criteria noted above not having been met, Cortisone injection for the right knee is not medically necessary.