

Case Number:	CM15-0190774		
Date Assigned:	10/02/2015	Date of Injury:	06/13/2009
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 9-21-15. A review of the medical records indicates she is undergoing treatment for left knee arthropathy, left knee total knee replacement in October 2010, complicated by arrhythmias, hypertension, hypokalemia, shortness of breath, hypoxemia, fluid overload, and mild congestive heart failure, left knee common peroneal neuralgia, thoracic strain, lumbago and lumbar strain, lumbar facet joint pain, sacroiliac pain, gait abnormality, and opioid dependence, as well as hypertension, hyperlipidemia, hypothyroidism, anxiety, obesity, and chronic obstructive pulmonary disease. Medical records (4-14-15 to 9-1-15) indicate complaints of cervical pain, which radiates to her shoulder, thoracic pain, which radiates "via the paravertebral musculature to the lumbar spine and left flank along the lower rib case", right scapular pain, "moderately severe" lumbar spine pain, which radiates to the gluteal regions associated with "severe" muscle spasms, "moderately severe" left knee pain, sleep disturbance, and depression. She indicates that she has "improved numbness and tingling in the medial and lateral aspect of her left leg and shin. She rates her pain "7 out of 10". The physical exam (9-1-15) reveals "diffuse" tenderness of the cervical spine bilaterally. She has "referred" pain from C4-5, C5-6, and C6-7 into the left shoulder region. "Marked" suprascapular nerve pain and levator scapulae pain is noted. "Diffuse" paravertebral muscle spasms of the thoracic spine and left flank pain is noted. Bilateral lumbar spasm and tenderness is noted, as well as bilateral L4-5 and L5-S1 facet joint and sacroiliac joint tenderness. Lumbar range of motion is decreased due to pain. Kemp's test, Minor's, Gaenslen's, and FABER tests are positive. Straight leg raise is negative bilaterally. The left knee has mild

edema and the left lateral collateral ligament is noted to be tender. Diagnostic studies are not included in the reviewed records. Treatment has included medications, at least 6 sessions of physical therapy - which is noted to have "resulted in increased flexion of the joint and increased strength in the left lower extremity", a home exercise program, and a left medial and lateral ligament collateral steroid injection on 6-24-15. This is noted to have "initially" provided "greater than 50%" relief of pain. However, on 7-30-15, the pain had returned to "moderately severe levels". Effects of her symptoms on activities of daily living are not addressed in the provided records. The utilization review (9-21-15) includes requests for authorization for 6 visits of physical therapy and a left medial and lateral collateral ligament, common peroneal neuralgia steroid injection. The requested treatments were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Physiotherapy visits QTY 6 DOS: 9/1/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with cervical, thoracic, lumbar spine, and left lower extremity pain. The current request is for Retro Physiotherapy visits quantity 6 DOS 09/01/2015. The treating physician's report dated 09/01/2015 (33B) states, "Physical therapy results in increased flexion of the joint and increased strength of the left lower extremity. She continues a self-directed therapy program. She states that she rides a bicycle at home, and this is the extent of her self-directed therapy. I recommend a short course of physiotherapy as a refresher for her self-directed therapy." The patient is status post left medial and lateral collateral ligament, common peroneal nerve steroid injection from 06/24/2015. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 04/28/2015 (209B) notes that the patient has received 8 sessions since 12/18/2014. The 05/26/2015 (99B) progress report notes, 6 physical therapy treatments have been accomplished. She reports increased functionality in that she now has increased ability to flex the joint. She also reports increased strength of the left leg. There is decreased dysesthesias and cramping in the left lower extremity. While the physician has noted functional improvement with the 6 sessions that the patient has recently received, the requested 6 additional sessions would exceed guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.

Retrospective Left medial and lateral collateral ligament, common peroneal neuralgia steroid injection DOS: 9/1/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Corticosteroid Injection.

Decision rationale: The patient presents with cervical, thoracic, lumbar spine, and left lower extremity pain. The current request is for Retro left medial and lateral collateral ligament, common peroneal neuralgia steroid injection. The treating physician's report dated 09/01/2015 (33B) states, "█████ underwent Left Medial and Lateral Collateral Ligament, Common Peroneal Nerve Steroid Injection on 06-24-2015. Initially she reported greater than 50% pain relief. However, pain has not returned to moderately severe levels." It appears that the request in question was the one performed on 06/24/2015. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee and Leg Chapter on Corticosteroid Injections state, "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. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection." Criteria includes at least 5 of the following: bony enlargement, bony tenderness, crepitus, erythrocyte sedimentation, morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factors, and synovial fluid signs. The 09/01/2015 (33B) progress report notes, "Left knee reveals left knee scar post total knee arthroplasty, mild edema. The left lateral collateral ligament is tender." In this case, the physician has not provided the required criteria based on the ODG Guidelines for a corticosteroid injection. The current request is not medically necessary.