

Case Number:	CM15-0195335		
Date Assigned:	10/09/2015	Date of Injury:	11/29/2014
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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

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 26 year old male, who sustained an industrial injury on 11-29-14. The injured worker is being treated for chondromalacia of patella of left knee, unspecified reflex sympathetic dystrophy, chronic pain due to trauma and difficulty walking. (MRI) magnetic resonance imaging of left knee performed on 1-2-15 revealed mild patellar chondropathy and some myxoid degenerative signal within the posterior horn medial meniscus. Treatment to date has included 24 physical therapy (which increased the pain), acupuncture, chiropractic therapies, failed lumbar epidural injection therapies, activity modification, left knee brace and oral medications. On 4-21-15 he complained of left anterior knee pain with prickling sensation inside when he tries to bend his knee, and on 8-21-15, the injured worker complains of left knee pain rated 8 out of 10 with occasional weakness of left leg; symptoms decrease with rest, ice and pain medications. He is not working. Physical exam performed on 4-21-15 revealed ambulation favoring the left knee and positive patella femoral discomfort and on 8-21-15 revealed guarded range of motion of left knee, diffuse lateral tenderness, diffuse medial tenderness, peripatellar tenderness and retropatellar tenderness and gait favoring the left knee. Sensation of left knee is noted to be dyesthetic-hyperalgesic to light touch. The treatment plan included requests for transcutaneous electrical nerve stimulation (TENS) unit, left cortisone injections, continuation of oral medications and left patellofemoral brace. Request for authorization was submitted on 8-28-15 for transcutaneous electrical nerve stimulation (TENS) unit and left knee SCI injection. On 9-22-15 request for transcutaneous electrical nerve stimulation (TENS) unit and left knee SCI injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee SCI injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Knee and Leg Chapter, Corticosteroid injection.

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) Chapter, under Corticosteroid injections.

Decision rationale: Based on the 8/21/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8/10 with occasional weakness of the left leg. The treater has asked for left knee SCI injection on 8/21/15. The patient's diagnosis per request for authorization dated 8/28/15 is chondromalacia of patella. The patient does not report any locking of the left knee or any laxity per 8/21/15 report. The patient states that knee pain decreases with ice/resting/medications per 8/21/15 report. The patient is s/p MRI of the left knee from 1/2/15 that showed mild patellar chondropathy, without obvious ligament tear per 8/21/15 report. Regarding left knee MRI, the 2/3/15 report also noted some myxoid degenerative signal within the posterior horn medial meniscus but otherwise relatively normal for age MRI. The patient does not have a history of surgeries relating to the knee per 6/2/15 report. The patient is currently not permanent and stationary and has not reached MMI per 7/3/15 report. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "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. Criteria for Intra-articular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. 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. Only one injection should be scheduled to start, rather than a series of three. 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." Per report dated 8/21/15, the patient presents with ongoing left knee pain with weakness. Examination of the left knee revealed guarded range of motion and hamstring tightness, no quad atrophy but unable to perform two legged squat or single-leg squat, with knee extension weakness noted per 8/21/15 report. The treater references an MRI of the right knee, that shows mild patellar chondropathy without obvious ligament tear. The treater recommended a right knee injection. In this case, the results of the diagnostic imaging does not indicate severe osteoarthritis as per ODG guidelines. Furthermore, there is no indication in the records provided as to the failure of NSAIDS, physical therapy, or other conservative measures. Without evidence of osteoarthritis (for which cortisone injections are considered an option) or the failure of conservative treatment modalities, the request cannot be supported. Therefore, the request is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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

Decision rationale: Based on the 8/21/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8/10 with occasional weakness of the left leg. The treater has asked for TENS unit on 8/21/15. The patient's diagnosis per request for authorization dated 8/28/15 is chondromalacia of patella. The patient does not report any locking of the left knee or any laxity per 8/21/15 report. The patient states that knee pain decreases with ice/resting/medications per 8/21/15 report. The patient is s/p MRI of the left knee from 1/2/15 that showed mild patellar chondropathy, without obvious ligament tear per 8/21/15 report. The patient does not have a history of surgeries relating to the knee per 6/2/15 report. The patient is currently not permanent and stationary and has not reached MMI per 7/3/15 report. MTUS Guidelines, Transcutaneous electrotherapy section, under Criteria for the use of TENS page 114-116 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." Per 8/21/15 report, the treater is requesting a TENS unit for this patient's continuing left knee pain for home use to assist home exercise protocol. However, there is no documentation of an intent to perform a 30-day trial prior to purchase. Were the request for a 30 day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.