

<b>Case Number:</b>	CM15-0023901		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	02/21/2001
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

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

### 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 59 year old male, who sustained an industrial injury on February 10, 2003. He has reported stepping out of his truck, twisting the left knee. The diagnoses have included status post medial meniscus repair, torn left meniscus, arthritis, and hypogonadism male. Treatment to date has included left knee meniscus repair in 2004, and medications. Currently, the injured worker complains of left knee pain. The Treating Physician's report dated January 15, 2015, noted the injured worker with an antalgic gait, with a stiff left leg, and an x-ray showing medial compartment arthritis. On January 21, 2015, Utilization Review non-certified Norco 10/325mg #150 and Lidoderm 5% parches #30, noting the injured worker had been prescribed polypharmacy with no real demonstrated functional improvement and/or objective evidence to support the medical necessity of continuing the prescribed medications based on functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #150 and Lidoderm 5% parches #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right knee steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that invasive techniques, such as cortisone injections, are not routinely indicated. The injured worker had tenderness to palpation over the medial joint line and medial patellar facet and a positive McMurray's. There was a lack of documented rationale for the use a cortisone injection.' Given the above, and the lack of documentation, the request for right knee steroid injection is not medically necessary.

**8 physical therapy visits for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The patient was noted to have normal motor strength and function. The clinical documentation submitted for review failed to indicate prior treatments specifically directed to the right knee. There was a lack of documented rationale for the requested service. There was a lack of deficits that would respond to therapy measures. Given the above, and the lack of documentation, the request for 8 physical therapy visits for the right knee is not medically necessary.