

Case Number:	CM15-0212444		
Date Assigned:	11/02/2015	Date of Injury:	05/11/2015
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 25-year-old male who sustained an industrial injury on 5-11-2015 and has been treated for anxiety, carpal tunnel syndrome, traumatic effusion of the knee joint and knee pain, loss of consciousness, numbness, injury of lateral collateral ligament of the knee, polyneuropathy, and injury due to electrical exposure. On 10-13-2015 the injured worker reported sharp shooting pain down the right leg and intermittent leg numbness. Objective findings include limited range of motion of right knee bend to 110 degrees, decreased effusion from "previous exam," negative anterior drawers, and sensation was stated as "abnormal." Documented treatment includes use of a knee brace, amitriptyline, gabapentin, hydrocodone, ibuprofen, lidocaine viscous 2 percent mucosal solution since at least 9-17-2015, and Naprosyn. Response to individual medication was not provided. The Injured worker was approved for 12 physical therapy sessions 6-5-2015 and in the 10-13-2015 note the physician states "continue physical therapy for now, has had some improvement in range of motion." Number of visits completed is not provided, however, in a note dated 8-3-2015 the note states the injured worker "needs more physical therapy sessions; ambulation improved since last visit and now walks with a cane without crutch." 6 more sessions were approved 8-17-2015. The treating physician's plan of care includes 12 additional physical therapy visits, and Lidocaine Viscous 2 percent mucosal solution. Each were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is knee pain. Date of injury is May 11, 2015. Request for authorization is October 13, 2015. According to a September 17, 2015 progress note, the treating provider prescribed viscous lidocaine. According to a September 25, 2015 progress note, the injured worker sustained an electrocution injury. The treating provider requested 12 physical therapy sessions to the knee. The injured worker's complaints are knee pain, traumatic effusion of the knee joint and lateral collateral ligament of the knee injury. The injured worker has been doing physical therapy. The injured worker hyper extended the knee recently with increased swelling and decreased range of motion. Objectively, motor examination is 5/5. There is a negative anterior/posterior drawer test. There is no joint line tenderness. The treatment plan is to continue physical therapy. There is no specific request for 12 additional physical therapy sessions. There is no clinical indication rationale for 12 additional physical therapy sessions. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement, and no clinical indication or rationale in the treatment plan for an additional 12 sessions of physical therapy, 12 physical therapy sessions are not medically necessary.

Lidocaine Viscous 2% mucosal solution: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682701.html>.

Decision rationale: Pursuant to Medline plus, viscous lidocaine 2% mucosal solution is not medically necessary. Lidocaine viscous, a local anesthetic, is used to treat the pain of a sore or irritated mouth and throat often associated with cancer chemotherapy and certain medical procedures. Lidocaine viscous is not normally used for sore throats due to cold, flu, or infections such as strep throat. In this case, the injured worker's working diagnosis is knee pain. Date of injury is May 11, 2015. Request for authorization is October 13, 2015. According to a September 17, 2015 progress note, the treating provider prescribed viscous lidocaine. According to a September 25, 2015 progress note, the injured worker sustained an electrocution injury. The treating provider requested 12 physical therapy sessions to the knee. The injured worker's complaints are knee pain, traumatic effusion of the knee joint and lateral collateral ligament of the knee injury. The injured worker has been doing physical therapy. The injured worker hyperextended the knee recently with increased swelling and decreased range of motion. Objectively, motor examination is 5/5. There is a negative anterior/posterior drawer test. There is no joint line tenderness. The treatment plan is to continue physical therapy. There is no clinical indication or rationale for viscous lidocaine in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale in the treatment plan for viscous lidocaine, viscous lidocaine 2% mucosal solution is not medically necessary.