

Case Number:	CM15-0215631		
Date Assigned:	11/05/2015	Date of Injury:	11/14/2014
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/03/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on 11-14-2014. She reported injury to the left knee and right wrist from a fall down approximately eight (8) steps. Diagnoses include left knee derangement of medial meniscus, right hand sprain, localized swelling of left leg, and status post left knee arthroscopy on 1-21-15. Treatments to date include activity modification, medication therapy, acupuncture treatments, chiropractic therapy, Synvisc injection, and at least nine (9) post-operative physical therapy sessions to the left knee. The record documented intolerance to NSAID due to prior gastrointestinal surgery. The records indicated ongoing left knee pain post-surgical repair with swelling. On 10-1-15, she complained of persistent left knee-leg swelling and pain. She also complained of persistent swelling and pain in the thenar region of the right wrist. The physical examination documented mild swelling over the thenar region with tenderness noted. The left knee demonstrated decreased range of motion and swelling with tenderness and weakness. The provider documented "given that she had an extensive synovectomy procedure with prior surgery and the location of current pain symptoms, wonder if she may have neuritis of intrapatellar branch of the saphenous nerve contributing to her symptoms. Will await evaluation and whether to consider trial of saphenous nerve branch block through pain management." The evaluation on 10-7-15, documented no new subjective complaints. A left knee joint aspiration was performed on this date due to physical findings of effusion. The plan of care included additional physical therapy. The appeal requested authorization for a diagnostic intrapatellar branch of saphenous nerve block and six (6) aquatic physical therapy sessions twice a week for three weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left thigh: 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) Hip & Pelvis Chapter, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI of the left thigh, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no documentation that radiographs to the thigh are non-diagnostic or identification of any red flags. In addition, the patient already had a knee MRI, which another physician thought there was swelling that should be removed with interventional radiology under ultrasound or fluoroscopy noting knee effusion on MRI scan. In the absence of such documentation, the currently requested MRI is not medically necessary.

Diagnostic Infrapatellar Branch of Saphenous Nerve block: 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 & Leg Chapter, Nerve excision (following TKA).

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; nerve excision (following TKA); nerve block; radiofrequency neurotomy.

Decision rationale: Regarding the request for Diagnostic Infrapatellar Branch of Saphenous Nerve block, California MTUS does not address this topic and ODG states an excision for neuromas of the infrapatellar branch of the saphenous nerve can be considered if there is pain localization at a Tinel's point. It goes on to state that a neuroma here may be a cause of reversible knee stiffness after total knee arthroplasty. Within the medical information available for review, pain is not localized to a Tinel's point. Additionally, no rationale is given for the continued swelling of the knee being relieved by a procedure to the infrapatellar branch of the saphenous nerve. Therefore, the currently requested Diagnostic Infrapatellar Branch of Saphenous Nerve block is not medically necessary.

Aquatic physical therapy 2 times a week for 3 weeks for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for Aquatic physical therapy 2 times a week for 3 weeks for the right hand, Guidelines do not contain criteria for the use of aquatic therapy in the treatment of hand conditions. Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it is unclear why reduced weight bearing would be appropriate for this patient with a hand injury. Reduced weight-bearing is generally recommended for back and knee conditions, but not upper extremity issues. In addition, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of clarity regarding those issues, the currently requested Aquatic physical therapy 2 times a week for 3 weeks for the right hand is not medically necessary.