

Case Number:	CM15-0221552		
Date Assigned:	11/17/2015	Date of Injury:	04/12/2012
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/11/2015

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 63 year old male who sustained an industrial injury 04-12-12. A review of the medical records reveals the injured worker is undergoing treatment for chondromalacia of the left patella. Medical records (11-04-15) reveal the injured worker complains of left knee pain and his knee locking up and causing him to fall. The physical exam (11-10-15) reveals 1+ medial joint line tenderness of the left knee. Prior treatment includes medications including Ultram and a lateral femoral cutaneous nerve block (10-19-15), after which the injured worker reported decreased left thigh pain. The original utilization review (11-10-15) non certified the request for 6 physical therapy sessions to the left quadriceps and a left lateral femoral cutaneous nerve block under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left quadricep strengthening, hamstring/IT band stretching modalities Qty: 6.00: 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 rationale: The current request is for Physical therapy for left quadriceps strengthening, hamstring/it band stretching modalities Qty: 6.00. Prior treatment includes medications including Ultram, lateral femoral cutaneous nerve block, acupuncture, hip injection, aqua therapy, and physical therapy. The patient is on modified duty. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under Physical Medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 08/26/15, the patient presents with left hip pain which radiates into the groin and testicle on the left side. There is a burning pain along the left thigh into the hip. Examination revealed Flexion 120/120, internal rotation 35/35, and external rotation 45/45. Listed diagnoses include strong evidence of meralgia paresthetica left hip, X-ray and MRI suggestive of cystic changes in the left femoral head, substantial musculoligamentous strain of the hip flexor and core stabilizers, left. The treater recommended additional PT for range of motion, quad stabilization, and stretching of hamstrings. Align networks PT progress note from 07/17/15 notes that the patient completed 10 sessions. Per progress report 08/03/15, the patient is participating in a home exercise program. It is not clear why the patient would not be able to continue participating in a home exercise program. Furthermore, MTUS allows up to 10 visits for complaints of this nature, and this patient has already had 10 visits and the request for additional 6 sessions would exceed what is recommended by guidelines. Therefore, the request is not medically necessary.

Left Lateral Femoral Cutaneous Nerve Block under ultrasound guidance Qty: 1.00:
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) Hip & Pelvis Chapter, under Femoral nerve block.

Decision rationale: The current request is for Left lateral femoral cutaneous nerve block under ultrasound guidance Qty: 1.00. Prior treatment includes medications including Ultram, lateral femoral cutaneous nerve block, acupuncture, hip injection, aqua therapy, and physical therapy. The patient is on modified duty. ODG guidelines, Hip & Pelvis Chapter, under femoral nerve block states: Recommended. A femoral nerve block can interrupt sensory impulses from the hip joint and provide complete pain relief without affecting the central nervous system, thus making preoperative care easier and postoperative rehabilitation can be started earlier. Femoral nerve block provides adequate pain relief, equivalent to pharmacological treatment in most patients. In one clinical trial, the time for postoperative mobilization was shorter and less temporary confusion was seen. There were no complications, making nerve block a good alternative to traditional pharmacological preoperative treatment for patients with hip fractures. (Kullenberg,

2004) Per report 08/26/15, the patient presents with left hip pain which radiates into the groin and testicle on the left side. There is a burning pain along the left thigh into the hip. Examination revealed Flexion 120/120, internal rotation 35/35, and external rotation 45/45. Listed diagnoses include strong evidence of meralgia paresthetica left hip, X-ray and MRI suggestive of cystic changes in the left femoral head, substantial musculoligamentous strain of the hip flexor and core stabilizers, left. Treatment plan included a lateral femoral cutaneous nerve block under ultrasound. The treater noted that the patient had a previous "LFCN" block with good results and recommended a repeat injection. ODG does provide support for such injection; however, per report 04/17/15 the patient denied a repeat LFCN block due to lack of efficacy. ODG, pain chapter under Injection with anesthetics and/or steroids states "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." Given the lack of efficacy from prior injection, the request for a repeat injection is not medically necessary.