MAXIMUS Federal Services

Case Number:	CM15-0085145		
Date Assigned:	05/07/2015	Date of Injury:	12/19/2012
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 19, 2012. In a Utilization Review report dated April 20, 2015, the claims administrator denied requests for 12 sessions of physical therapy, MR arthrography of the knee, and ultrasound guided knee corticosteroid injection, and viscosupplementation injection therapy. An April 17, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated April 17, 2015, the applicant transferred care to a new primary treating provider reporting ongoing complaints of knee pain status post earlier knee arthroscopy procedure as well as an earlier knee incision and debridement procedure. X-rays and unspecified medications were endorsed, along with 12 sessions of physical therapy, knee MR arthrography, and ultrasound guided corticosteroid injection, and viscosupplementation injections. The applicant was placed off of work, on total temporary disability. Overall commentary was sparse. The new primary treating provider (PTP) did not furnish much in the way of record of treatment as to what treatment or treatments had previously transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (left knee) 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines page(s): 99.

Decision rationale: No, the request for 12 sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulate that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 17, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request is not medically necessary.

MRI of the left knee with arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Knee Disorders, Arthrogram Magnetic Resonance Imaging with Arthrography (MR arthrography), pages 485 and 441-443.

Decision rationale: Similarly, the request for an MR arthrogram of the knee was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of MR arthrography. While the Third Edition ACOEM Guidelines Knee Chapter MR Arthrogram section notes on page 485 that MR arthrograms are recommended for select applicants who require advanced imaging of the menisci and/or articular cartilage and/or in applicants who have had negative or equivocal MRI imaging with ongoing suspicion of clinically significant intra-articular pathology such as meniscal tears or articular cartilage defects, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The April 17, 2015 DFR was sparse, thinly developed, and did not clearly identify what items were on the differential diagnosis list. It was not stated how (or if) the MR arthrogram at issue would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate further surgical intervention involving the knee based on the outcome of the study in question. Therefore, the request is not medically necessary.

Ultrasound guided steroid injection of the left knee: 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 (ODG); Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints page(s): 339. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Knee Disorders, Intra-Articular Glucocorticosteroid Injections, page 704.

Decision rationale: Similarly, the request for an ultrasound guided corticosteroid injection for the knee was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as the cortisone injection in question are not routinely indicated. Here, it was not clearly stated whether the applicant had or had not had prior injections and, if so, what the response to the same was. Little-to-no narrative rationale or narrative commentary accompanied the April 17, 2015 DFR and associated request for authorization. The Third Edition ACOEM Guidelines Knee Chapter also notes on page 704 that knee corticosteroid injections are generally performed without fluoroscopic or ultrasound guidance. Here, the attending provider did not clearly state why he was seeking ultrasound guidance in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Hyalgan injection (left knee) 1x3: 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 and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, Viscosupplementation Injections, page 687.

Decision rationale: Finally, the request for viscosupplementation (Hyalgan) injections to the knee was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge on page 687 that viscosupplementation injections are recommended for moderate-to-severe knee osteoarthrosis on satisfactory control with NSAIDs, Tylenol, weight loss, or exercise strategies, here, however, the attending provider did not identify an operating diagnosis involving the injured knee. It was not clearly stated or clearly established that the applicant in fact had issues with moderate-to-severe knee osteoarthrosis, either clinically or radiographically. Therefore, the request is not medically necessary.