

Case Number:	CM14-0112666		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2012
Decision Date:	09/30/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 31 year old female with a 7/23/12 injury date. Her left knee gave out causing her to fall. In a follow-up on 5/8/14, subjective complaints were bilateral knee pain with some numbness and tingling. Objective findings included normal gait, full bilateral knee range of motion, no swelling or effusion, negative McMurray, and tenderness to palpation over the medial joint line. MRI of the right knee on 5/24/14 was normal. MRI of the left knee on 12/13/13 showed a thin medial patellofemoral plica. A right knee xray on 4/23/14 was normal except for benign cortical defects in the distal femoral shaft. Diagnostic impression: left knee plica, right knee pain. Treatment to date: medications, bracing, home exercise. A UR decision on 6/17/14 denied the request for diagnostic bilateral knee injections on the basis that intra-articular lidocaine injections for diagnostic purposes are not supported in the guidelines. The request for chiro/physiotherapy was denied on the basis that there are no functional deficits or objective signs of knee dysfunction that would support the treatment. The request for acupuncture was modified to allow for a trial of 6 sessions based upon CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral knee injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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.

Decision rationale: CA MTUS does not address this issue. Although ODG supports corticosteroid injections for short-term use in the evaluation/management of patellofemoral injuries and/or osteoarthritis of the knee, there is no information on diagnostic lidocaine injections. A pubmed search for "diagnostic lidocaine knee injection" did not yield any relevant articles. There does not appear to be sufficient medical evidence in the guidelines or literature to support intra-articular knee lidocaine injections for diagnostic purposes. Therefore, the request for diagnostic bilateral knee injections is not medically necessary.

Chiropractic/physiotherapy; twelve (12) visits (2x6) bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114); Official Disability Guidelines (ODG): Knee Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends that medical treatment of knee sprains/strains and general knee pain can include an initial trial of 9 physical therapy sessions over 8 weeks. Further treatment after the initial trial may be justified based upon documentation of objective functional improvement. Therefore, the request for Chiropractic/physiotherapy; twelve (12) visits (2x6) bilateral knees, is outside the limits of ODG recommendations and is not medically necessary.

Acupuncture; twelve (12) visits (2x6), bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114); Official Disability Guidelines (ODG): Knee Chapter.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional

improvement of 3 - 6 treatments. ODG recommends an initial trial of 3-4 visits over 2 weeks. If there is evidence of objective functional improvement after this trial, a total of up to 8-12 visits over 4-6 weeks can be approved. Based upon the above guidelines, it appears reasonable to allow for an initial trial of 6 acupuncture visits over a 4 week period, each knee. The request exceeds guideline recommendations. Therefore, the request for acupuncture; twelve (12) visits (2X6), bilateral knees, is not medically necessary.