

Case Number:	CM14-0184892		
Date Assigned:	11/12/2014	Date of Injury:	10/14/2009
Decision Date:	12/19/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54 years old female with an injury date on 10/14/2009. Based on the 09/11/2014 progress report provided by the treating physician, the diagnosis is: Internal derangement, right knee, status post scope, on May 24, 2010. According to this report, the patient complains of constant pain in the right knee that is sharp, throbbing, and burning along with numbness and tingling. Pain is rated as a 10/10. Standing, walking, bending, and kneeling would aggravate the pain. Physical exam reveals range of motion is decrease in flexion. Mc Murray's, Apley's test, and right Chondromalacia patella compression test are positive. There is no instability of the medial and lateral collateral ligaments; no joint effusion. Tenderness is noted at the medial and lateral joint line, on the right. There were no other significant findings noted on this report. The utilization review denied the request on 10/16/2014. The requesting provider provided treatment reports from 09/11/2014 to 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 8, 98 and 99.

Decision rationale: According to the 09/11/2014 report, this patient presents with constant pain in the right knee that is sharp, throbbing, and burning along with numbness and tingling. The treater is requesting Physical therapy for the right knee, twice weekly for six weeks. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records do not show discussion regarding therapy treatment history and how the patient's response. No discussion as to why the patient is not able to perform the necessary home exercises. There is no documentation of flare-up or a new injury to warrant formalized therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. The request is not medically necessary.

Ultrasound guided corticosteroid injection in the right knee: 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) cortisone injection, knee Chapter

Decision rationale: According to the 09/11/2014 report, this patient presents with constant pain in the right knee that is sharp, throbbing, and burning along with numbness and tingling. The treater is requesting Ultrasound guided corticosteroid injection in the right knee "for alleviation of pain and discomfort." Regarding cortisone injection, MTUS and ACOEM Guidelines are silent; however, ODG Guidelines state that corticosteroid injection is indicated for severe osteoarthritis and must have at least 5 criteria of the following: bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, erythrocyte sedimentation rate (ESR) less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer (agglutination method), synovial fluid signs. Conservative measures must have failed as well. In this case, the patient has pain, age > 50, but no X-ray or labs are provided. No bony tenderness, crepitus (noisy, grating sound) on active motion, and no morning stiffness are mentioned. There is no evidence of "severe osteoarthritis," either. Given the lack of indication per ODG guidelines, the request is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to the 09/11/2014 report, this patient presents with constant pain in the right knee that is sharp, throbbing, and burning along with numbness and tingling. The treater is requesting TENS Unit. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 09/11/2014 to 10/23/2014 shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. The current request does not indicate if this request is for a one month trial or for purchase. Furthermore, MTUS supports TENS for the treatment of Neuropathic pain which has not been diagnosed. The request is not medically necessary.

Right knee pull on brace: Overturned

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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee brace, Knee & Leg (Acute & Chronic) Chapter

Decision rationale: According to the 09/11/2014 report, this patient presents with constant pain in the right knee that is sharp, throbbing, and burning along with numbness and tingling. The treater is requesting Right knee pull on brace "for support and relief purpose." ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, criteria for knee bracing is much broader. Review of reports show that this patient had a right knee Internal derangement in 2010, an indication for knee bracing per ODG. The request is medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Section Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant; medication for chronic pain Page(s): 63, 64; 60.

Decision rationale: According to the 09/11/2014 report, this patient presents with constant pain in the right knee that is sharp, throbbing, and burning along with numbness and tingling. The treater is requesting Flexeril. Flexeril was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle

relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater did not provide the prescription dosing and how this medication is being monitored. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, the treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Without knowing the prescription dosing, one cannot make the appropriate recommendation. The request is not medically necessary.