

<b>Case Number:</b>	CM14-0216779		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: Internal 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 56 year old male with a reported industrial injury on October 27, 2009, while carrying a king size mattress from the first floor to the second floor up a flight of stairs he was pulling the mattress and another was pushing and he felt pain in his low back according to the records over the years he has had multiple issues including right knee pain. The injured worker was seen on October 29, 2014, for follow-up visit with primary treating physician. The presenting complaints included multiple complaints including right knee pain. Pain rated an eight out of ten remains unchanged. The physical exam of right knee revealed grade 3 tenderness to palpation and a positive McMurray. The diagnostic studies have included Magnetic resonance imaging (MRI) on August 2, 2014 revealing degenerative joint disease with osteochondral lesion, tendinosis and bucket-handle tear/tendinitis/chondromalacia. The medical treatment is topical medication, physical therapy, the number of session unclear and injections. Diagnoses are right knee strain/sprain, exacerbation, degenerative joint disease of the right knee with osteochondral lesion, tendinosis per MRI on August 2, 2014 and right knee bucket-handle tear/tendinitis/chondromalacia per MRI dated August 2, 2014. The treatment plan included hold physical therapy, FluriFlex, interferential unit and referral for extracorporeal shock wave therapy of the right knee. On November 21, 2014, the provider requested Interferential (IF) unit and right knee injection, 5cc of 1% xylocaine and 40mg Depo Medrol, on December 1, 2014, the Utilization Review non-certified the request, the decision was based on American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Pages 114-121, Interferential Current Stimulation (ICS) Pages 118. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. <http://www.guideline.gov/content.aspx?id=47590>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. Official Disability Guidelines (ODG) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. The medical records document the performance of lumbar spine surgery on November 18, 2014. The date of injury was October 27, 2009. MTUS, ODG, and Work Loss Data Institute guidelines do not support the use of interferential therapy. Therefore, the request for interferential (IF) unit is not medically necessary.

**One right knee injection, 5cc of 1% xylocaine and 40mg depo medrol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (s) 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Corticosteroid injections

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cortisone injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques, such as cortisone injections, are not routinely indicated. Official Disability

Guidelines (ODG) indicates that longer-term benefits of intra-articular corticosteroids in treatment of knee osteoarthritis have not been confirmed. ODG criteria for intraarticular glucocorticosteroid injections requires documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least five of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen). The medical records document the performance of lumbar spine surgery on November 18, 2014. The primary treating physician's evaluation report dated October 29, 2014 documented right knee pain. Extracorporeal shockwave therapy to the right knee was recommended. Fluriflex and TGHOT were prescribed. Physical examination of the right knee demonstrated tenderness to palpation. McMurray was positive. Bony enlargement was not documented. Bony tenderness was not documented. Crepitus was not documented. Erythrocyte sedimentation rate (ESR) was not documented. Morning stiffness was not documented. Rheumatoid factor was not documented. Synovial fluid signs were not documented. Knee pain, interfering with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, was not noted. Response to conservative treatments was not documented. The 10/29/14 documentation does not satisfy the ODG criteria for intraarticular glucocorticosteroid injections. The request for cortisone injection of right knee is not supported by MTUS or ODG guidelines. Therefore, the request for right knee injection with DepoMedrol 40 mg and Xylocaine 1% is not medically necessary.