MAXIMUS Federal Services

Case Number:	CM14-0218258		
Date Assigned:	01/07/2015	Date of Injury:	12/10/2013
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 52 year old female with a reported industrial injury on December 10, 2013, while walking on a sidewalk and tripped over a raised piece of cement and fell sideways onto her left side injuring left wrist, hand, elbow, lumbar spine, left hip, left knee left ankle and left shoulder. The injured worker was seen on September 5, 2014 for follow-up visit with primary treating physician. The presenting complaints included low back pain with numbness sensation to bilateral legs also complains of increased pain with prolonged sitting. The physical exam on this visit concentrated only on the low back and not on the knee. Diagnosis is left knee sprain/strain with lateral meniscal complex tear per Magnetic resonance imaging MRI dated July 11, 2014. The treatment plan is Norco and follow up visit in six weeks. On December 10, 2014 the provider requested 18 Physiotherapy Sessions 3 Times A Week for 6 Weeks and Ultrasound Guided Cortisone Injection to The Left Knee, on December 17, 2014 the Utilization Review non-certified the request, the decision was based on the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physiotherapy Sessions 3 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received physical therapy in the past. She did not have documented significant functional improvement and decrease in pain. At this point, the patient should be well-versed in a home exercise program. The requested 18 visits would make her exceed the maximum number of physical therapy sessions recommended. Therefore, the request is considered not medically necessary.

Ultrasound Guided Cortisone Injection to The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, corticosteroid injection

Decision rationale: The request is considered not medically necessary. MTUS does not address the use of cortisone injections for the knee, therefore ODG guidelines were used. According to ODG guidelines, the patient should have severe osteoarthritis of the knee documented. The patient should have failed all conservative therapy, including medications which the patient does not have documented. It also does not require the use of ultrasound to perform the injection. Therefore, the request for ultrasound-guided cortisone injection is considered not medically necessary.