MAXIMUS Federal Services

Case Number:	CM15-0115224		
Date Assigned:	06/23/2015	Date of Injury:	03/25/2008
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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:

This 54 year old female sustained an industrial injury to the neck, low back, shoulders, wrists/ hands and knees on 3/25/08. In the only PR-2 submitted for review, dated 5/8/15, the injured worker reported having a very significant and substantial flare up of bilateral knee pain, rated 9/10 on the visual analog scale. The injured worker also complained of pain to the back, neck and left ankle, rated 9-10/10. The injured worker reported having to sleep on an air mattress at home due to her bed breaking. Physical exam was remarkable for shoulders with decreased range of motion and positive impingement sign, bilateral hands/wrists with positive Tinel's and Phalen's signs and diffuse forearm tenderness to palpation without swelling and mild decreased sensation in the median distribution, lumbar spine with tenderness to palpation from the thoracolumbar down to the base of the pelvis and tenderness on stress of the pelvis with decreased range of motion and bilateral knees with abnormal patellar tracking, positive patellar grind maneuver, tenderness to palpation over the medial and lateral aspects and hamstring, positive Mcmurray's test, mildly positive varus-valgus stress test and decreased bilateral flexion. X-rays of bilateral knees taken during the office visit showed loss of cartilaginous surface bilaterally with a clear cut effusion to the left knee. Current diagnoses included fibromyalgia, cervical brachial syndrome with chronic neck stain, chronic low back pain and strain, upper extremity overuse tendinopathy and left knee internal derangement. The injured worker received a left knee injection during the office visit. The treatment plan included a prescription for a queen sized adjustable bed, continuing Tramadol and Voltaren and a prescription for topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg, 1 by mouth as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Diclofenac XR 100mg, 1 by mouth as needed #60 is determined to not be medically necessary.

Left knee injection consisting of cc lidocaine and 2 cc of celestone: Overturned

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

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/Corticosteroid Injections Section.

Decision rationale: MTUS guidelines do not address the use of corticosteroid injections for the knee. The ODG states that they are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. In this case, there is documentation of osteoarthritic knee pain and no previous use of cortocisteroid injections. The request for left knee injection consisting of cc lidocaine and 2 cc of celestone is determined to be medically necessary.