

Case Number:	CM15-0121084		
Date Assigned:	07/01/2015	Date of Injury:	05/05/2013
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: Physical Medicine & Rehabilitation

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 47 year old female sustained an industrial injury on 5/05/13. She subsequently reported bilateral knee pain. Diagnoses include right knee sprain/ strain, left knee meniscal tear, left and right knee internal derangement and status post left knee arthroscopy. Treatments to date include x-ray and MRI testing, knee surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience knee pain. Upon examination, there is an antalgic gait pattern noted. There is palpable tenderness over the medial and lateral joint lines on the left and over the medial joint line on the right. There is crepitation of the right patella. Flexion is reduced with pain noted in the bilateral knees. McMurray's test is positive on the right. A request for Physical therapy 2x3 (Right knee), Synvisc injection x 1 (Right knee), Shock wave therapy 1x6 (Left knee), Ultram, Anaprox and Protonix was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 (Right knee): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

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

Decision rationale: The patient presents on 05/18/15 with bilateral knee pain rated 7/10 and associated sleep disturbances secondary to pain. The patient's date of injury is 05/05/13. Patient is status post left knee arthroscopy at a date unspecified. The request is for Physical Therapy 2x3 Right Knee. The RFA is dated 05/18/15. Physical examination dated 05/18/15 reveals tenderness to palpation of the medial and lateral joint lines of the left knee, and across the medial joint line of the right knee. The right knee range of motion is limited to 120 degrees, the left knee range of motion is limited to 100 degrees. The provider also notes that the patient presents with an antalgic gait, as well as positive McMurray's sign on the right knee, mild Varus stress test on the left knee, and mild Valgus on the right knee. The patient is currently prescribed Anaprox, Ultram, Protonix, Zanaflex, and Ativan. Diagnostic imaging included MRI of the right knee dated 05/08/15, significant findings include: 'Mild to moderate femopatellar chondromalacia... two small popliteal cysts...' Per 05/18/15 progress note, patient is classified as temporarily totally disabled through 06/29/15. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for 'Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 6 sessions of physical therapy for this patient's continuing knee complaint, the request is appropriate. Progress note dated 05/18/15 reveals that this patient was recently approved for 6 sessions of PT for the LEFT knee. Utilization review dated 05/11/15 non-certified this request on the grounds that an additional 6 sessions in addition to the 6 already approved would exceed guideline recommendations. However there is no evidence that this patient has had any physical therapy directed at her RIGHT knee complaint. Given this patient's presentation, and a lack of physical therapy to date, 6 sessions falls within guidelines and could produce benefits for this patient. Therefore, the request is medically necessary.

Synvisc injection x 1 (Right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Hyaluronic acid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents on 05/18/15 with bilateral knee pain rated 7/10 and associated sleep disturbances secondary to pain. The patient's date of injury is 05/05/13. Patient is status post left knee arthroscopy at a date unspecified. The request is for Physical Therapy 2x3 Right Knee. The RFA is dated 05/18/15. Physical examination dated 05/18/15 reveals tenderness to palpation of the medial and lateral joint lines of the left knee, and across the medial joint line of the right knee. The right knee range of motion is limited to 120 degrees, the left knee range of

motion is limited to 100 degrees. The provider also notes that the patient presents with an antalgic gait, as well as positive McMurray's sign on the right knee, mild Varus stress test on the left knee, and mild Valgus on the right knee. The patient is currently prescribed Anaprox, Ultram, Protonix, Zanaflex, and Ativan. Diagnostic imaging included MRI of the right knee dated 05/08/15, significant findings include: 'Mild to moderate femopatellar chondromalacia... two small popliteal cysts...' Per 05/18/15 progress note, patient is classified as temporarily totally disabled through 06/29/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for 'Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 6 sessions of physical therapy for this patient's continuing knee complaint, the request is appropriate. Progress note dated 05/18/15 reveals that this patient was recently approved for 6 sessions of PT for the LEFT knee. Utilization review dated 05/11/15 non-certified this request on the grounds that an additional 6 sessions in addition to the 6 already approved would exceed guideline recommendations. However there is no evidence that this patient has had any physical therapy directed at her RIGHT knee complaint. Given this patient's presentation, and a lack of physical therapy to date, 6 sessions falls within guidelines and could produce benefits for this patient. Therefore, the request is medically necessary.

Shock wave therapy 1x6 (Left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy 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 & Leg chapter, under Extracorporeal shock wave therapy.

Decision rationale: The patient presents on 05/18/15 with bilateral knee pain rated 7/10 and associated sleep disturbances secondary to pain. The patient's date of injury is 05/05/13. Patient is status post left knee arthroscopy at a date unspecified. The request is for Shock Wave Therapy 1x6 Left Knee. The RFA is dated 05/18/15. Physical examination dated 05/18/15 reveals tenderness to palpation of the medial and lateral joint lines of the left knee, and across the medial joint line of the right knee. The right knee range of motion is limited to 120 degrees, the left knee range of motion is limited to 100 degrees. The provider also notes that the patient presents with an antalgic gait, as well as positive McMurray's sign on the right knee, mild Varus stress test on the left knee, and mild Valgus on the right knee. The patient is currently prescribed Anaprox, Ultram, Protonix, Zanaflex, and Ativan. Diagnostic imaging included MRI of the right knee dated 05/08/15, significant findings include: 'Mild to moderate femopatellar chondromalacia... two small popliteal cysts...' Per 05/18/15 progress note, patient is classified as temporarily totally disabled through 06/29/15. ODG Knee & Leg chapter, under Extracorporeal shock wave therapy has the following: 'Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy,

extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. New data presented at the [REDACTED] Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping.' In regard to extracorporeal shockwave therapy for the left knee, the requesting provider has not specified an appropriate power level. The request specifies a frequency consistent with guidelines, though it does not indicate whether this is to be high-energy or low-energy. Guidelines do not support high-energy ESWT. Additionally, this patient's left knee complaint has a formal diagnosis of meniscal tear and the patient is status post partial meniscectomy. Recent studies support ESWT for patellar tendinopathy or hypertrophic non-unions, which are not among this patient's diagnoses. Owing to a lack of an appropriate specified power level, and the lack of guideline support for this patient's chief complaint, the request as written cannot be substantiated. The request is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents on 05/18/15 with bilateral knee pain rated 7/10 and associated sleep disturbances secondary to pain. The patient's date of injury is 05/05/13. Patient is status post left knee arthroscopy at a date unspecified. The request is for Ultram 50mg #60. The RFA is dated 05/18/15. Physical examination dated 05/18/15 reveals tenderness to palpation of the medial and lateral joint lines of the left knee, and across the medial joint line of the right knee. The right knee range of motion is limited to 120 degrees, the left knee range of motion is limited to 100 degrees. The provider also notes that the patient presents with an antalgic gait, as well as positive McMurray's sign on the right knee, mild Varus stress test on the left knee, and mild Valgus on the right knee. The patient is currently prescribed Anaprox, Ultram, Protonix, Zanaflex, and Ativan. Diagnostic imaging included MRI of the right knee dated 05/08/15, significant findings include: 'Mild to moderate femopatellar chondromalacia... two small popliteal cysts...' Per 05/18/15 progress note, patient is classified as temporarily totally disabled through 06/29/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of

pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: 'Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain.' In regard to the continuation of Ultram for this patient's chronic knee pain, the treating physician has not provided adequate documentation to substantiate continuation. The most recent progress note, dated 05/18/15 does not specifically address the efficacy of narcotic medications. There is no use of a validated scale to determine pain levels after taking medications (only a baseline is provided), there are no activity-specific functional improvements attributed to medications, and there is no stated lack of aberrant behavior. It is noted, however, that this patient is consistent with her medications. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, a stated lack of aberrant behavior, and consistent urine drug screening. Without complete documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. The request is not medically necessary.