

Case Number:	CM15-0062904		
Date Assigned:	04/09/2015	Date of Injury:	10/21/2006
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49-year-old female, who sustained an industrial injury on 10/21/2006 reporting a right foot and ankle sprain after falling down a flight of stairs. On provider visit dated 03/9/2015 the injured worker has reported a recent fall due to right knee buckling. Knee was noted to pop, swell and grind. On examination of the right knee revealed tenderness to palpation over the peripatellar region and medial and lateral joint lines. Mild crepitus was noted with active ranging. No laxity was noted with stress test and range of motion of the right knee was decreased. The diagnoses have included right knee patellofemoral arthralgia. Treatment to date has included medication. The provider requested 1 diagnostic ultrasound of the right knee, 1 prescription of Neurontin 600mg #60 and 6 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Neurontin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However, there is a limited research to support its use for foot pain. There is no documentation that the patient developed neuropathic pain and there is no clear rationale for using Neurontin. There is no objective documentation of pain and functional improvement with previous use of Neurontin. Based on the above, the prescription of Neurontin 600mg #60 is not medically necessary.

6 sessions of chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Based on the patient's records, the patient has been performing home strengthening and stretching exercises continuously for her bilateral feet since May 2, 2012. In addition, she did undergo chiropractic sessions in the past without clear evidence of functional improvement. Therefore, the request for 6 Chiropractic visits is not medically necessary.

1 diagnostic ultrasound of the right knee: Upheld

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 & Leg (Acute & Chronic), Diagnostic ultrasound knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ultrasound, diagnostic. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up.

(ACR, 2001) See also ACR Appropriateness Criteria. Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. (CMS, 2010) US guidance significantly improves the accuracy of joint injection, allowing a trainee to rapidly achieve high accuracy, but US guidance did not improve the short-term outcome of joint injection. (Cunnington, 2010) This systematic review confirms that short-term outcome improvements are present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. (Gilliland, 2011) The accuracy of palpation-guided knee injections is variable and appears to be significantly influenced by clinician experience. Both US-guided knee injections and palpation-guided knee injections by a more experienced injector demonstrated an accuracy rate of 100% in this study. (Curtiss, 2011) In this meta-analysis, needle placement accuracy ranged from 63% to 100% with ultrasound and from 39% to 100% with conventional anatomical guidance. Ultrasound was more valuable in the shoulder than in the knee. Imaging guidance improved the accuracy of intra-articular injections of the knee (96.7% versus 81.0%) and the shoulder (97.3% versus 65.4%). (Berkoff, 2012) Ultrasound guidance for knee joint injections is not generally either recommended or not recommended, but it should not be a substitute for lack of clinical skill or experience, so injections can be done by less qualified personnel. Some areas are difficult to hit with an injection, such as SI joints or pancreatic ducts, but knee injections should not generally require ultrasound guidance. See also Corticosteroid injections. "The patient was diagnosed with knee arthralgia with tenderness and no evidence of acute anterior cruciate ligament (ACL) injuries. According to DOG guidelines, soft tissue injuries are better diagnosed with MR. There is no rational form requesting diagnostic ultrasound in this case. Therefore, the request is not medically necessary.