

Case Number:	CM15-0070465		
Date Assigned:	04/17/2015	Date of Injury:	06/29/2012
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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 44 year old female sustained an industrial injury to the neck, back, right shoulder and right knee on 6/29/12. Previous treatment included magnetic resonance imaging, chiropractic therapy, injections, trigger point injections, transcutaneous electrical nerve stimulator unit, ice, and medications. In a progress note dated 3/20/15, the injured worker complained of right knee throbbing, swelling and pain, neck pain with radiation to bilateral shoulders and low back pain with radiation to the right lower extremity. The injured worker reported severe right knee pain that was worse at night. The injured worker reported a one month reduction in pain following right knee steroid injection, allowing her to exercise more and stand for longer. The injured worker reported that the benefit was now wearing off. Magnetic resonance imaging right knee showed medial meniscal degeneration and a large horizontal cleavage tear with femoral and medial compartment chondral erosion. Current diagnoses included cervicgia, low back pain, shoulder pain, knee pain, cervical spine spondylosis without myelopathy, cervical spine radiculopathy, lumbar spine radiculopathy, lumbar spine spondylosis without myelopathy, myofascial pain, internal derangement of knee, and gastroesophageal reflux disease. The treatment plan included continuing medications (Neurontin, Lidocaine cream, Vitamin B12 and over the counter NSAIDs as needed), consider evaluation by a psychiatrist for psychotherapy, cortisone injections times two and physical therapy with H-wave for the right knee once a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee with H-waves 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the right knee with H-waves 1 time a week for 4 weeks is not medically necessary and appropriate.

Right knee cortisone injection (1x): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 48, 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter, Corticosteroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Corticosteroid Injections, pages 294-295.

Decision rationale: There is no imaging or x-ray findings available. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes

of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The Right knee cortisone injection (1x) is not medically necessary and appropriate.