

Case Number:	CM15-0074457		
Date Assigned:	04/24/2015	Date of Injury:	11/26/2006
Decision Date:	06/02/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency 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 41 year old male, who sustained an industrial injury on 11/26/06. The injured worker has complaints of pain in the right, lower back and left elbow and shoulder. The diagnoses have included herniated lumbar disc with radiculitis/radiculopathy; right knee medial lateral tear and status post left shoulder arthroscopic surgery. Treatment to date has included norco; anaprox and Prilosec; magnetic resonance imaging (MRI) of the lumbar spine and left shoulder arthroscopy. Progress note dated 3/11/15 states that patient has exacerbation of right knee due to excessive walking, kneeling and use along with low back pain. Objective exam reveals low back pain, decreased range of motion with bilateral positive straight leg raise. L5 and S1 dermatome decreased sensation bilaterally. Knee exam reveal positive McMurray's and chondromalacia patellae test with some joint line tenderness. MRI of knee(11/2/12) reportedly showed medial lateral meniscal tear but actual report was not provided for review. Provider has been "prescribing" 2-3 PT sessions per week for at least 6months. There is no documentation if the patient has actually performed any of these "prescribed" sessions. The request was for ultrasound guided cortisone injection to the right knee and physiotherapy for the right knee and lumbar spine quantity, 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection to 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: As per ACOEM guidelines, steroid injections of the knee are not routinely recommended. It is usually only recommended for severe osteoarthritis of the knee, which the patient does not have. There is no provided documentation or imaging reports of osteoarthritis of the knee to support osteoarthritis. Knee pain and complaints are chronic. There is no documentation of why there is a sudden need for a knee injection in what appears to be a chronic painful knee that is unchanged in over 6months of progress notes. There is a failure of documentation of what conservative care has been attempted and what if any response there has been these treatments. There is no documented end goal of the injection since these injections provide only limited temporary improvement in pain. Cortisone injection of the right knee is not medically necessary.

Physiotherapy for the right knee and lumbar spine QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Provider has been "prescribing" 2-3 PT sessions per week for at least 6months. There is no documentation if the patient has actually performed any of these "prescribed" sessions. Patient has chronic pain. There is no documentation of any exacerbation. Patient has had unknown number of PT session. The prescribed sessions along exceed recommended PT sessions as per guidelines. Due to poor documentation of any response to prior PT sessions and total number of sessions completed, additional physical therapy is not medically necessary.