MAXIMUS Federal Services

Case Number:	CM15-0074967		
Date Assigned:	04/24/2015	Date of Injury:	04/07/2013
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
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: Texas, California
Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 4/7/13. The injured worker has complaints of low back, right knee and right ankle pain. The diagnoses have included left knee medial meniscus tear; grade 1 sprain of the medial and collateral ligament; grade 1 sprain of the anterior cruciate ligament and posterior cruciate ligament; patellar and trochlear chondromalacia; knee synovitis and baker's cyst. Treatment to date has included X-rays; physical therapy; injections; magnetic resonance imaging (MRI) of the right knee and right ankle and chiropractor treatments. The request was for physical therapy for the right knee, 1-2 times week times 6 weeks, quantity 12 and left knee joint cortisone injection with ultrasound guidance. Per the doctor's note dated 2/27/15 patient had complaints of bilateral knee pain at 6/10. Physical examination of the right knee revealed 0-120 degree ROM and tenderness on palpation, mild crepitus and antalgic gait. Physical examination of the left knee revealed positive McMurray's test, mild effusion, 0-120 degree ROM and tenderness on palpation. The patient had received left knee cortisone injection with pain relief for several weeks. The patient has had MRI of the right knee that revealed meniscus tear. The patient had received orthovisc injection in right knee in august 2014. The medication list includes Pennsaid, Aspirin and Diclofen. Patient has received an unspecified number of PT visits for this injury.

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, 1-2xWk x 6 Wks, QTY: 12: Upheld

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

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

Decision rationale: Request: Physical Therapy for the right knee, 1-2xWk x 6 Wks, QTY: 12. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided." The above request is not medically necessary.

Left knee joint cortisone injection with ultrasound guidance: 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 Chapter, Corticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg (updated 05/05/15) Corticosteroid injections.

Decision rationale: Left knee joint cortisone injection with ultrasound guidance. MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline, "Corticosteroid injections: Recommended for short-term use only." 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. (Leopold, 2003) (Arroll-BMJ, 2004) (Godwin, 2004) The Longer-term benefits have not been confirmed. The patient had received left knee cortisone injection. Any procedure note was not specified in the records provided. The associated reduction in medication use with prior steroid injection was not specified in the records provided. The detailed response of prior cortisone injection was not specified in the records provided. Patient has received an unspecified number of PT visits for

this injury. Detailed response to previous conservative therapy was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The above request is not medically necessary.