

Case Number:	CM15-0092576		
Date Assigned:	05/19/2015	Date of Injury:	04/16/2015
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 57 year old male, who sustained an industrial injury on 4/16/2015, from crawling in and out of an attic for 2 days. The injured worker was diagnosed as having pre-patellar bursitis. Treatment to date has included medications. On 4/22/2015, the injured worker complains of right knee pain. Current medications included Celebrex, Vicodin, Soma, Ultram, and Flexaril. His body mass index was 36.61%. He was ambulatory without assistance and did not appear in pain. Exam of the right knee noted no erythema, no medial or lateral joint line tenderness, and a mildly swollen, boggy non-fluctuant pre-patellar bursal swelling, without overlying discoloration or palpable warmth. The treatment plan included starting physical therapy (3x3), utilizing biofeedback as appropriate, and possible Iontophoresis with Dexamethasone or Phonophoresis with Diclofenac cream, as appropriate. His work status was modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy, 9 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 24 of 127.

Decision rationale: The patient sustained an injury in April of 2015 with the diagnosis listed is pre-patellar bursitis. He has been treated with medications and physical therapy with ongoing pain seen. The request is for 9 sessions of biofeedback therapy. The MTUS guidelines state that evidence is insufficient for use of biofeedback for chronic pain. There is no indication that it is useful for treatment of pre-patellar bursitis. The request is not medically necessary.

Possible Iontophoresis with Dexamethasone or Phonophoresis with Diclofenac Cream:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter - Topical NSAIDs (for knee arthritis).

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

Decision rationale: The patient sustained an injury in April of 2015 with the diagnosis listed is pre-patellar bursitis. He has been treated with medications and physical therapy with ongoing pain seen. The request is for iontophoresis with steroid cream. The MTUS guidelines state that iontophoresis have no proven efficacy in chronic knee pain. As such, this treatment modality would not be indicated. The request is not medically necessary.