

<b>Case Number:</b>	CM15-0094525		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male patient who sustained an industrial injury on 06/21/2013. The accident is described as while working as a termite inspector he stepped on a garden sprinkler and twisted his left knee. He felt immediate pain to the knee, but continued working hoping it would stop. It was reported the following day and he was evaluated. He underwent diagnostic radiography and received medications. In addition, he completed a course of physical therapy that was not helpful. Thereafter he underwent surgical consultation with recommendation for left knee arthroscopy on 10/25/2013 with post-operative therapy course along with additional radiography scans and administration of Cortisone injection. After re-peat magnetic resonance imaging study, he again underwent arthroscopy revision on 06/10/2014 along with another course of post-operative therapy. He returned to full duty work on 11/04/2014. An orthopedic evaluation dated 03/30/2015 reported the patient with subjective complaint of having intermittent left knee pain. He also reports having a cyst on the back of his knee that causes him pain and increases in intensity with activities. Results obtained from a magnetic resonance imaging arthrogram performed on 03/23/2015 revealed compartmental degenerative changes, particularly effecting the patellofemoral and medial compartments with progressive propio chondral denudation, advanced in severity with displaced chondral fragments: contrastive extravasation into a popliteal cyst, as well as a small ganglion cyst posterior to the lateral femoral condyle; diminutive postoperative postsurgical medial meniscus without recurrent tear, and fibrosis along the cruciate ligaments as described. The following diagnoses are applied: left knee chondromalacia patellae, status post left knee arthroscopy twice; fibrosis across cruciate

ligaments, small-displaced chondral fragments, left knee; left knee popliteal ganglion cyst, left knee degenerative joint disease. The plan of care noted the patient with Ibuprofen 800mg #90, with two refills, follow up visit regarding left knee consultation, return to modified work duty and follow up in 6 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy two (2) times a week for six (6) weeks for the Left Knee: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in may 2001 and continues to be treated for neck pain, right shoulder and hip pain, left hip and knee pain, and headaches. Surgical treatments have included a cervical spine fusion and right shoulder surgery. He is also being treated for depression. When seen, his pain was unchanged. He had poor posture and an antalgic gait and was using a cane. Medications were refilled. Gabapentin was being prescribed at a total dose of 600 mg per day. Wellbutrin XL is being prescribed for depression. The claimant sustained a work injury in June 2000 1310 continues to be treated for left knee pain. Treatments have included two arthroscopic surgeries with the last done in June 2014. When seen, he was having pain with exertional activities. He was having occasional swelling, locking, and stiffness. There was positive patellar grind testing in McMurray's testing. There was a positive anterior drawer sign. There was a small Baker's cyst. He had medial joint line tenderness and a non-antalgic gait. Additional testing was ordered and he was referred for physical therapy. In follow-up, he was having ongoing symptoms. Imaging had shown tricompartmental osteoarthritis. Authorization for a series of Synvisc injections was requested. He had left thigh atrophy and use of a muscle stimulator for 30 days with extension if helpful was recommended. The claimant is being treated for chronic left knee pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The claimant has already had physical therapy for this condition. In this case, the number of visits requested is in excess of that recommended or that would be needed to reestablish a home exercise program if needed. The request is not medically necessary.

**IFC Unit for the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

**Decision rationale:** The claimant sustained a work injury in may 2001 and continues to be treated for neck pain, right shoulder and hip pain, left hip and knee pain, and headaches. Surgical treatments have included a cervical spine fusion and right shoulder surgery. He is also being treated for depression. When seen, his pain was unchanged. He had poor posture and an antalgic gait and was using a cane. Medications were refilled. Gabapentin was being prescribed at a total dose of 600 mg per day. Wellbutrin XL is being prescribed for depression. The claimant sustained a work injury in June 2000 1310 continues to be treated for left knee pain. Treatments have included two arthroscopic surgeries with the last done in June 2014. When seen, he was having pain with exertional activities. He was having occasional swelling, locking, and stiffness. There was positive patellar grind testing in McMurray's testing. There was a positive anterior drawer sign. There was a small Baker's cyst. He had medial joint line tenderness and a non-antalgic gait. Additional testing was ordered and he was referred for physical therapy. In follow-up, he was having ongoing symptoms. Imaging had shown tricompartmental osteoarthritis. Authorization for a series of Synvisc injections was requested. He had left thigh atrophy and use of a muscle stimulator for 30 days with extension if helpful was recommended. Neuromuscular electrical stimulation (NMES) devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. It can be recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, the claimant has not undergone recent surgery. In terms of atrophy, the claimant is not immobilized in a cast or brace. An active exercise program, which could include isometric strengthening, would be expected to be effective for him. Therefore, the requested unit was not medically necessary.