

Case Number:	CM14-0149431		
Date Assigned:	09/18/2014	Date of Injury:	07/17/2013
Decision Date:	10/20/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 62 year old female with complaints of left knee pain, neck pain, low back pain. The date of injury is 7/17/13 and the mechanism of injury is motor vehicle accident (impact knee against steering wheel). At the time of request for the following: 1. steroid injection left knee 2. follow up in 6 months 3. ketoprofen 75mg#90 4. physical 2x6, there is subjective (left knee pain, neck pain, low back pain, chest wall pain) and objective (tenderness to palpation of the medial and lateral joint line, positive McMurray's and Apley's compression) findings, imaging findings (9/13/13 left knee MRI shows medial meniscal tear, MRI lumbar and cervical 10/18/13 multi-level degenerative disc disease C3/4 thru C6/7 and L3/4 thru L5/S1, spondylolisthesis), diagnoses (medial meniscal tear left knee, patellofemoral syndrome left knee, chondromalacia left knee), and treatment to date (intra-articular steroids, medications, rest). Corticosteroid injections into the knee are recommended only for short term use. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. ODG recommendations for medical treatment of medial meniscus tear is physical therapy 9 sessions over 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection to the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee & Leg (Acute&Chronic), Corticosteroid injections

Decision rationale: Per ODG Evidenced-Based Decision Support, Corticosteroid injections into the knee are recommended only for short term use. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. Therefore, the request for repeat knee injection is medically necessary.

Follow up in 6 months: 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), Pain Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Corticosteroid injections

Decision rationale: Per ODG, follow up to an injection should occur within 6 weeks. Therefore, the request for follow up in 6 months is not helpful and therefore not medically necessary.

Ketoprofen 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of failure of over the counter analgesics such as motrin and acetaminophen. Therefore, ketoprofen 75mg is not medically necessary.

Physical therapy 2 x 6: 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 (ODG) Knee&Leg, Physical Medicine Treatment

Decision rationale: ODG recommendations for medical treatment of medial meniscus tear is physical therapy 9 sessions over 8 weeks. Therefore, the request for a total of 12 session over 6 weeks is not medically necessary.