

<b>Case Number:</b>	CM14-0003803		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56-year-old female with an industrial injury dated 09-01-2009. Her diagnoses included cervical 5-6 disc herniation with stenosis, bilateral shoulder impingement and right carpal tunnel syndrome. Prior treatment included left carpal tunnel release, medications and diagnostics. She presents on 03-12-2013 with increased numbness and tingling in her hands. Objective findings noted the left wrist showed a well-healed surgical scar. There were positive Phalen's and Tinel's signs bilaterally. There was mild swelling. The records submitted for review were dated from January 2013 - April 2013. The treatment request included: Tramadol, steroid injections for the knees, continued physical therapy 2 times per week for 6 weeks for the knees, right hand and wrist and arthroscopic knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (12-sessions, 2 times per week for 6 weeks, for the knees, right hand and wrist): 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 Medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS/Chronic Pain Medical Treatment Guidelines, recommends fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine for non-surgical musculoskeletal conditions. For Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case, there is no documentation of the level of functional improvement from prior therapy to justify the ongoing use. Therefore, the request is not medically necessary.

**Steroid injections for the knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Corticosteroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 346.

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. Therefore, the request is not medically necessary.

**Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Tramadol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary.

**Arthroscopic knee surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Meniscectomy.

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines, states that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to the Official Disability Guidelines, indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the MRI does not show surgical pathology. Therefore, the request is not medically necessary.