

Case Number:	CM17-0012582		
Date Assigned:	01/24/2017	Date of Injury:	11/09/2016
Decision Date:	02/22/2017	UR Denial Date:	01/14/2017
Priority:	Standard	Application Received:	01/18/2017

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This case involves a now 49-year-old male with a history of an occupational claim from 11/09/2016. The mechanism of injury is detailed as when a motorcycle fell on his right leg. The current diagnosis is documented as sprain of unspecified side of right knee, initial encounter. Treatment to date includes physical therapy, corticosteroid injection, medications, and work restrictions. On 12/09/2016, the patient continued to report pain in the neck, right shoulder, low back, and bilateral knees. The pain was rated 8/10 to 10/10 on VAS. The patient's current medication regimen was not provided. The physical examination of the right knee revealed minimal decreased range of motion. There was tenderness to palpation over the medial joint line and lateral joint line. Patellofemoral grind test was positive bilaterally. Orthopedic tests were negative bilaterally. Motor strength was rated 5/5 bilaterally. X-rays of bilateral knees dated 12/09/2016 revealed right knee with 1 mm joint space medially with slight varus alignment with medial compartment bone spurs. The left knee revealed 2 mm joint space with bone spur medially and bone spur laterally. The treatment plan included physical therapy for the right knee and platelet rich plasma injection to the right knee. The patient was also injected with 5 cc lidocaine/dexamethasone on this visit. A Request for Authorization dated 01/09/2017 was provided. The original utilization review dated 01/14/2017 modified the request for physical therapy to 6 sessions as recommended by the guidelines. The request for Ultram was denied due to this medication was prescribed for acute knee strain, and nonopioid alternatives to pain had not yet been attempted. The request for platelet rich plasma injection was denied due to there is no evidence the patient has failed conservative care. The request for steroid injection was denied

due to the patient has not attempted conservative treatment. The patient does not meet criteria to warrant the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 12 sessions was the original request. Physical therapy for 6 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Physical therapy for 6 sessions is: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviate discomfort. Based on the clinical note submitted for review, the patient presented with acute injury to the right knee. The patient's range of motion was 0 to 90 degrees. There was concern about long standing contracture. The patient was recommended physical therapy. A trial of 6 sessions was approved by a prior reviewer. Medical necessity for additional therapy is contingent upon the patient's response to treatment. Given the above, the request for "Physical therapy for 12 sessions was the original request. Physical therapy for 6 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Physical therapy for 6 sessions" is not medically necessary.

Ultram (tramadol) 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3. Opioids for Chronic Pain and Chronic Opioid Treatment: Overview of Recommendations Regarding Chronic Opioid Treatment.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3 Opioids for Chronic Pain and Chronic Opioid Treatment: Initiating and Monitoring Chronic Opioid Treatment.

Decision rationale: The California MTUS Opioid Treatment Guidelines recommend screening for risk of addiction or adverse events prior to chronic opioid treatment. The patient's current medication regimen was not provided. There is no evidence to support that pain is ineffectively controlled by nonopioid analgesics. There is no clear rationale provided by the physician as to the medical necessity for initiating opioid therapy. There is no documentation the patient completed a screening for risk of addiction or adverse events. There is no evidence that the CURES was checked and documented prior to prescribing the medication. Given the above, the request for "Ultram (tramadol) 50mg #90" is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this patient. This medical

necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the patient is advised to speak with their treating physician. The treating physician and the patient are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this patient.

Platelet-rich plasma injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Platelet-rich plasma (PRP).

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend platelet rich plasma injections for limited, highly specific indications. Based on the clinical note submitted for review, the patient reported recent injury to the right leg. There is no documentation of severe symptomatic osteoarthritis or refracture of patellar tendinosis. The patient has not failed an adequate conservative course of treatment. Additionally, the patient has not failed to respond to aspiration and injection of intra-articular steroids. Given the above, the request for "Platelet-rich plasma injection to the right knee" is not medically necessary.

Retrospective injection 5cc of lidocaine hcl 1percent and 1cc of dexamethasone 120mg to the right knee: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM Guidelines state, invasive techniques, such as needle aspiration of effusions or prepatellar bursts of fluid, and cortisone injections, are not routinely indicated. The aspirations carry inherent risk of subsequent intra-articular infection. Based on the clinical note submitted for review, the patient reported recent injury to the right leg. The patient presented with knee pain and decreased range of motion. Per the provider, the patient presented with significant right knee pain. The pain was rated 10/10 on VAS. Given the patient's chronic history with the bilateral knees and recent injury, the cortisone injection with lidocaine is supported to provide pain relief. Additionally, it is noted the patient was authorized a trial of physical therapy. The injection will provide pain relief in order for the patient to participate in physical therapy. Therefore, the request for "Retrospective injection 5cc of lidocaine hcl 1percent and 1cc of dexamethasone 120mg to the right knee" is medically necessary.