

Case Number:	CM13-0009927		
Date Assigned:	12/18/2013	Date of Injury:	11/27/2011
Decision Date:	04/03/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This case involves a 46-year-old male who was injured on 11/27/2011. According to the 7/16/13 report from [REDACTED], the patient worked at the airport and was moving luggage when he fell and twisted his left knee. He still presents with left knee pain. An MRI showed partial tear of the lateral meniscus. There was chondral degeneration in the medial aspect of the lateral plateau. The plan was to appeal the FRP, request the left knee intraarticular injection, discontinue the Relafen, and start the Celebrex. On 7/31/13, the utilization review (UR) denied the left knee injection for additional information. The 8/19/13 and 9/16/13 reports reiterate the request for left knee injection, but none of the reports document the type of intraarticular injection requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE INTRAARTICULAR INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (updated 06/07/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Guidelines, Knee Chapter, Hyaluronic acid injections.

Decision rationale: The patient presents with left knee pain. The physician has requested a "left knee intraarticular injection" but has not provided information as to what medication is to be injected. This is an incomplete request. On speculation based on the MRI findings, this might be a cortisone injection, or Synvisc injection. The physician did not specify the type of injection. The MTUS/ACOEM Guidelines do not support cortisone injections. The Official Disability Guidelines offer support for Synvisc-type injections. Without a complete description of what type of injection is requested, I cannot confirm whether the request is in accordance with the MTUS or other evidence-based guidelines.