

Case Number:	CM13-0023774		
Date Assigned:	11/15/2013	Date of Injury:	02/18/2013
Decision Date:	01/23/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York, Texas. 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 physician 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:

The patient is a 28-year-old female who reported an injury on 05/15/2013. The patient is diagnosed with cervical sprain, lumbar sprain, right wrist and hand sprain, myofascial pain, right shoulder sprain, contusion of the knee, and sprain of the knee. The latest physical examination of the right knee was documented on 04/08/2013 by [REDACTED]. The patient presented with slightly improved knee and back pain with persistent left lower back pain radiating to the left lower extremity. The patient had completed a total of 8 physical therapy sessions and was actively participating in a home exercise program. Physical examination of the right knee revealed slow gait, crepitus, medial and lateral joint lines, intact strength, intact sensation, normal range of motion, moderate pain at end range, tenderness of the infrapatellar tendon, negative McMurray's and Lachman's testing, and negative stress testing. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrocentesis, aspiration and/or injection; Major Joint or Bursa (EG, Shoulder, Hip, Knee, and Subacromial Buras): 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), Treatment Index, 11th Edition, 2013, Knee and Leg Chapter, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 377.

Decision rationale: California Chronic Pain Medical Treatment /ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection. Official Disability Guidelines state aspiration of effusions is preferred but not required for intra-articular glucocorticoid injections. Failure to adequately respond to aspiration and injection of intra-articular steroids is part of the criteria required for hyaluronic acid injections. Aspiration can be used on initial atraumatic effusions, but only if there is no sign of cellulitis or infection of the skin. As per the clinical notes submitted, the patient did not demonstrate signs or symptoms of infection, nor did the patient demonstrate effusion. Subsequent office visits with [REDACTED] from 04/2013 through 07/2013 indicated full strength and sensation of the bilateral lower extremities without significant abnormality. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.