

Case Number:	CM13-0025014		
Date Assigned:	11/20/2013	Date of Injury:	08/03/2000
Decision Date:	03/11/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/17/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 52-year-old-female who was injured on August 3, 2000. The patient continued to experience right knee and right ankle pain. Physical examination showed moderate tenderness over the medial joint line and mild tenderness over the lateral joint line. MRI of the right knee, done on August 7, 2013, showed medial and lateral meniscus tears, MCL chronic tendinosis, and mild chondromalacia. Treatment included physical therapy and a knee brace. Request for authorization for steroid injection to the right knee was submitted on August 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

steroid injection to the right knee: 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), Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG, Knee Chapter, Corticosteroid Injections.

Decision rationale: According to MTUS/ODG Guidelines, corticosteroid injections into the knee are recommended for short-term use only for documented symptomatic severe osteoarthritis

only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The patient in this case was not suffering from osteoarthritis. The steroid injection into the right knee is not recommended.