

Case Number:	CM13-0025195		
Date Assigned:	11/20/2013	Date of Injury:	03/08/2012
Decision Date:	01/06/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine and Cardiology, is Fellowship Trained in Cardiovascular Disease, and is licensed to practice in 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 69-year-old female who reported a work-related injury on 03/08/2012 due to a fall. The patient's current diagnoses were listed as status post fall with multiple body injuries, left knee contusion injury, lumbosacral sprain/strain injury, postconcussion head injury, and possible lumbosacral disc injury with radiculopathy. The patient's medications include Mobic and Flexeril. The patient has undergone home exercises, TENS unit, physical therapy, and deep tissue massage. Per clinical note dated 09/26/2013, the patient remained temporary partially disabled with limitations of no pushing or pulling more than 5 pounds and no back bending or twisting activity. The patient was noted to be awaiting approval for electroacupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation ODG, Knee and Leg Section, Corticosteroid injections..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid Injections..

Decision rationale: The clinical note dated 07/25/2013 stated the patient complained of neck pain that radiated to the upper extremity and she also complained of low back pain with radiation to the lower extremity. The patient also complained of bilateral shoulder pain and bilateral hip pain and the patient reported she was having headaches. Physical exam noted the patient's straight leg raise was positive on the left leg and lumbar range of motion was decreased. The patient's gait was normal and lower extremity range of motion was within normal limits with sensory exam decreased in the left leg and motor strength was 5/5. The patient had a positive Apley's test on the left knee. The treatment plan for the patient included electroacupuncture, EMG/NCS and a cortisone injection to the left knee times 1. The clinical note dated 09/12/2013 stated the patient remained symptomatic with pain and discomfort involving her low back and left leg. The patient was recommended to have an MRI of the lumbosacral spine to further assess pain and discomfort involving low back and leg. The patient's EMG/nerve conduction study showed finding of left S1 lumbosacral radiculopathy. Electroacupuncture treatment was recommended for the patient. The clinical note dated 09/26/2013 stated there was decreased lumbosacral range of motion in the patient and motor strength was 5/5 in the lower extremities. The patient's diagnosis included left knee contusion injury. The patient was using Mobic and Flexeril and was also using a TENS unit. California Medical Treatment Guidelines state that 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. Furthermore, Official Disability Guidelines recommend corticosteroid injections for symptomatic severe osteoarthritis of the knee. There was no documentation submitted of osteoarthritic knee pain in the patient. There were no physical exam findings of the patient's left knee submitted with the exception of a positive Apley's test. The documentation presented for review does not support a cortisone injection to the left knee. As such, the request for cortisone injection to the left knee is non-certified.