

Case Number:	CM13-0031312		
Date Assigned:	12/04/2013	Date of Injury:	04/22/2005
Decision Date:	01/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine 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 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, low back, and foot pain reportedly associated with an industrial injury of April 22, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; prior right knee medial meniscectomy; attorney representation; transfer of care to and from various providers in various specialties; apparent diagnosis of chronic regional pain syndrome; prior lumbar epidural steroid injection therapy; spinal cord stimulator implantation; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 24, 2013, the claims administrator denied a request for knee arthrogram citing the superiority of MRI imaging. A right knee steroid injection was also not certified on the grounds that the applicant did not carry a diagnosis of severe knee arthritis. An earlier progress note of January 24, 2013 is notable for comments that the applicant carries diagnoses of chronic regional pain syndrome, foot crush injury, knee pain, and status post knee surgery. The applicant is off of work, on total temporary disability, it is stated. On October 1, 2013, the applicant presents with persistent knee pain. The applicant has an antalgic gait and is limping. Both Norco and a knee steroid injection are appealed. Topical Pennsaid is also endorsed. It is stated that a CT arthrogram will be sought here owing to the fact that the applicant cannot obtain an MRI owing to the fact that the applicant has an implanted spinal cord stimulator. The attending provider comments that the claims administrator's utilization review physicians are not writing the actual reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right knee arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS/ACOEM Guidelines indicate that an arthrography is scored at 3/4 in its ability to identify and define a suspected meniscal tear, as is reportedly present here. The applicant is status post prior knee surgery. The applicant has an indwelling spinal cord stimulator in place. While MRI imaging is scored slightly superior to the arthrography, at 4/4 in its ability to identify and define suspected knee meniscal derangement, in this case, owing to the indwelling spinal cord stimulator, the applicant is not a candidate for the same.

One (1) right knee steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 and 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS/ACOEM Guidelines indicate that knee corticosteroid injections are considered "optional" in the treatment and management of knee pain. It is not indicated in the management of knee arthritis alone. In this case, the applicant has tried and failed numerous other operative and non-operative treatments, including time, medications, physical therapy, a prior knee meniscectomy, etc. Nevertheless, the applicant's symptoms persist.