

Case Number:	CM13-0031817		
Date Assigned:	12/04/2013	Date of Injury:	05/16/2011
Decision Date:	01/09/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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, 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. 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 62 year old female who reported an injury on 05/16/2011 after falling onto her hands and knees. She was initially seen in the emergency room where MRI was done, sites unspecified, and abnormal findings were reported, also unspecified. She then underwent a left knee arthroscopy for unspecified diagnosis, received post-operative physical therapy and medications then returned to work at full duty on 08/08/2011. In May of 2012 it is noted that she continued to complain of pain and was subsequently prescribed acupuncture, an aquatic program, and a weight loss program. At this time she was also given a cortisone injection to the right knee which she reported to be of no benefit. She then received 3 Synvisc injections to each knee also reporting no benefit. In June of 2012 she received another injection to unspecified knee or knees with no report of efficacy available. In the clinical note dated 08/22/2013, there is mention of a "recent cortisone injection to the right knee with no relief", but no date as to when it was performed. Also on this date examination of bilateral knees reveals tenderness to peripatellar region, left greater than right; tenderness to lateral joint line on the left and medial joint line bilaterally; positive grind test to unspecified knee; positive McMurray's test to unspecified knee, and patellofemoral crepitus bilaterally. The patient is also noted to be awaiting a 25 pound weight loss to proceed with bilateral TKAs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,341,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Cortisone Injections..

Decision rationale: According to ACOEM guidelines, invasive techniques, including cortisone injections, are not routinely indicated, and more specifically, that cortisone injections are optional. For pain and symptom control, ACOEM guidelines recommend avoiding knee flexion, wearing a knee sleeve, and quadriceps strengthening. Since the ACOEM guidelines did not provide criteria for the optional injections, the Official Disability Guidelines were consulted for supplementation. These guidelines state that to receive a cortisone injection the patient must exhibit at least 5 of the 9 criteria. Provided documentation reveal that the patient currently exhibits only 4, which include bony tenderness, crepitus, no palpable warmth of synovium, and over 50 years of age. Furthermore, the patient had previously received a cortisone injection with no reported benefit. Guidelines do not recommend a second injection if there was no response from the initial injection. Due to the patient not meeting Official Disability Guidelines criteria for the cortisone injection and a failed response to the primary cortisone injection, the request is non-certified.