

Case Number:	CM13-0037613		
Date Assigned:	12/18/2013	Date of Injury:	10/11/2012
Decision Date:	05/08/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant is a 28-year-old individual who was injured in a work related accident on October 11, 2012. The current clinical records for review include an operative report of November 1, 2013 indicating the claimant underwent a right knee arthroscopy, extensive synovectomy as well as intraarticular injection for postoperative analgesia. Postoperative clinical records were not available for review. In regards to the claimant's left knee, there was documentation of a July 11, 2013 assessment indicating radiographs with slight patellar tilt, but preserved joint space. The claimant was diagnosed with medial sided left knee tenderness with examination findings showing full and unrestricted range of motion, medial joint line tenderness to palpation and no effusion. The MRI of the left knee from July 15, 2013 showed a small joint effusion with degenerative changes to the posterior horn of the medial meniscus, but no acute tearing. There were also mild degenerative changes about the articular cartilage. There was specific request for concordant use of a left knee injection of corticosteroid to take place at time of the claimant's operative procedure as well as twelve sessions of postoperative physical therapy for the claimant's right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE INTRA-ARTICULAR CORTICOSTEROID INJECTION AT THE TIME OF SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48,339,346. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE CHAPTER: CORTICOSTEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 181-189. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - UPDATES: KNEE PROCEDURE - CORTICOSTEROID INJECTIONS

Decision rationale: CA MTUS states, "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated." When looking at Official Disability Guideline criteria, acute need of injection therapy is indicated for degenerative change. The current records in this case fail to demonstrate evidence of significant degenerative process to the claimant's left knee or documentation of other forms of short acting conservative measures that have been utilized. The concordant use of left knee intra-articular injection at the time of claimant's right knee operative procedure would thus not be indicated.

PHYSICAL THERAPY OR CHIROPRACTIC THERAPY, TWELVE VISITS TO THE RIGHT KNEE POST-OPERATIVELY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states, "Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendation." California MTUS Postsurgical Rehabilitative Guidelines would initially recommend the role of six sessions of physical therapy in the postoperative setting given the initial ½ role of therapy in the postoperative setting. The specific request for twelve sessions of initial therapy would thus not be indicated as medically necessary.