

<b>Case Number:</b>	CM13-0039832		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 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:

This is a 47-year-old male with a 7/28/11 date of injury. The mechanism of injury was a result of the patient stepping awkwardly and falling. According to the most recent progress report from the requesting provider, dated 6/19/13, the patient was seen six weeks following routine left knee arthroscopy with a large medial meniscus tear and a small lateral meniscus tear. He has been making slow progress and reported that the knee is improved. Objective findings: knee portals are well-healed, normal range of motion, and the knee is stable. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 9/26/13 denied the request for left knee cortisone injection. Based on the diagnosis and considering lack of documented hard objective findings for the need for cortisone injection according to MTUS (knee and leg), the request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cortisone Injection for The Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Leg Chapter - Corticosteroid Injections

**Decision rationale:** CA MTUS does not address this issue. MTUS ACOEM guidelines indicate cortisone injections are optional in the treatment of knee disorders and are not routinely indicated. According to ODG, corticosteroid injections are recommended for short-term use only. Criteria for intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, ESR less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer, synovial fluid signs. However, in the present case, the medical records reviewed do not document physical examination findings related to the left knee indicating functional deficits to support the necessity of the requested injection. In addition, there is no documentation that the patient has a diagnosis of knee osteoarthritis. A specific rationale identifying why a cortisone injection is indicated in this patient is not provided. Therefore, the request for Cortisone Injection for the Left Knee is not medically necessary.