

Case Number:	CM13-0043174		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2011
Decision Date:	02/26/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 reported an injury on 04/13/2011. The mechanism of injury was not provided; however, the records indicate that on 04/13/2011, the patient presented to a medical clinic and received orders for physical therapy and acupuncture to the lumbar spine, right shoulder, and right knee. The patient was later diagnosed with a torn medial and lateral meniscus and had reparative surgery on 10/18/2012. Due to the patient's ongoing disabilities, she has developed depression and anxiety, for which she has been receiving psychological treatment. Despite the patient's right knee surgery to repair the torn meniscus, she continued to have joint-line tenderness and knee discomfort. The patient has been referred to physical therapy as needed and states that medications do help to decrease her pain. There was no other pertinent information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: California MTUS/ACOEM Guidelines state that cortisone injections to the knee can be used as an option to treat knee conditions; however, it did not indicate when these injections should be implemented. Therefore, Official Disability Guidelines were supplemented. Official Disability Guidelines criteria indicate the use for a cortisone injection to the knee when the patient has documented symptomatic severe osteoarthritis, and at least 5 of the following accompanying symptoms: bony enlargement; bony tenderness; crepitus; 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; and synovial fluid signs. All of these symptoms must be uncontrolled by adequately recommended conservative treatments to include exercise, NSAIDs, or acetaminophen; the pain must interfere with functional activities; and the number of injections should be limited to 3. Unfortunately, the medical records submitted for review did not provide any evidence that the patient has a diagnosis of osteoarthritis or 5 of the accompanying symptoms that must be present to receive a cortisone injection. As such, the injection is not indicated at this time and the request for cortisone injection to the right knee is non-certified.