MAXIMUS Federal Services

Case Number:	CM13-0044124		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2011
Decision Date:	03/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/28/2013

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 Oklahoma and Texas. 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 50-year-old male who reported a work-related injury on 06/22/2011 as a result of a fall. The clinical note dated 10/22/2013 reports the patient was seen in clinic under the care of [redacted] for treatment of the following diagnoses, left wrist flexor tenosynovitis, left wrist carpal tunnel syndrome, neurapraxia of the left median nerve and left wrist fasciitis, and left wrist pain. The provider documents the patient presents with continued complaints of left wrist and hand pain. The next clinical note submitted for review is dated 11/05/2013 reporting additional diagnoses to treated include, right knee internal derangement, degenerative changes, pain, multilevel disc bulging of the lumbar spine, and anterolisthesis of the cervical spine. There was no physical exam findings evidenced on this clinical note. The provider documents a steroid injection to the right knee is administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

One corticosteroid injection to the 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): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The current request is not supported. The California MTUS indicates invasive techniques such as needle aspirations of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Additionally, Official Disability Guidelines indicate, criteria for corticosteroid injections includes documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology criteria which requires knee pain and at least 5 of the following: bony enlargement, bony tenderness, crepitus, erythrocyte sedimentation rate 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/or synovial fluid signs. Given the lack of all of the above, the request is not supported, as there was no recent thorough physical exam of the patient's right lower extremity evidencing significant objective findings of symptomatology to support the current request. Given all of the above, the request for one corticosterid injection to the right knee is not medically necessary nor appropriate.