

Case Number:	CM13-0054873		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2005
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 patient is a 63-year-old male who reported an injury on 07/06/2005. The mechanism of injury was not provided. The patient was noted to have undergone a Depo Medrol injection on 03/26/2013. The patient indicated the injection worked well for a few weeks and the pain had returned as of 05/07/2013. The patient was noted to be undergoing therapy sessions and not taking anti-inflammatories. The patient was noted to have complaints of pain and swelling in the left knee. The physical examination was handwritten and difficult to read. The patient's diagnosis was noted to include left knee pain and the request was made for a left knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CORTISONE INJECTION TO LEFT 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): 337.

Decision rationale: ACOEM Guidelines indicate that invasive techniques such as needle aspiration or effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. The clinical documentation submitted for review indicated the patient got a few weeks

of relief from the previous injection on 03/26/2013. However, there was a lack of documentation of objective functional improvement and an objective decrease in the VAS score post injection. Given the above, the request for One Cortisone injection left knee (20610) is not medically necessary.