MAXIMUS Federal Services

Case Number:	CM13-0061827		
Date Assigned:	12/30/2013	Date of Injury:	06/10/1992
Decision Date:	03/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 79 year old male with right knee osteoarthritis related to an injury sustained on 6/10/92. An exam note from 7/9/13 demonstrates 3-4 month relief with cortisone injections. Physical examination demonstrates tenderness over the medial and lateral joint lines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month cortisone injection, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per guidelines, cortisone injections are recommended for short-term use only. Benefits could last 3-4 weeks, but is unlikely to continue beyond that. The number of injections should be limited to three. Criteria for injections include documented symptomatic severe osteoarthritis of the knee (this requires knee pain and at least five of the following: bony enlargement, bony tenderness, crepitus on active motion, ESR less than 40mm/hour, 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), failure of conservative treatment, pain interfering with functional activities, short-term usage, and no fluoroscopic/ultrasound guidance.

In this case there is lack of medical necessity in the records to warrant ongoing corticosteroids in the knee, especially since the requested amount exceeds guideline recommendations. Therefore, the request is noncertified.