

Case Number:	CM13-0067442		
Date Assigned:	01/03/2014	Date of Injury:	05/15/2001
Decision Date:	05/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 [REDACTED] employee who has filed a claim for knee arthralgia associated with an industry injury of May 15, 2001. Thus far, the patient has been treated with Norco, Voltaren topical, TENS, and right knee steroid injections latest on November 01, 2013 with resultant significant pain relief. Patient underwent right arthroscopic knee surgery in 2002. In a utilization review report of December 02, 2013, the claims administrator denied a request for knee steroid injection with [REDACTED] and referral to [REDACTED] as there is no documentation of the previous evaluation from [REDACTED] as well as of previous treatments to the left knee. Review of progress notes shows bilateral knee pain with restricted range of motion and swelling. There is tenderness over the joint lines and crepitus of the left knee. X-ray of the left knee noted from October 25, 2013 showed moderate 3 compartment osteoarthritis changes. Right knee MRI dated April 26, 2013 showed lateral meniscal tear, mild patellofemoral chondromalacia, spurring, and popliteal cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE INJECTION/STEROID: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Corticosteroid injections.

Decision rationale: CA MTUS does not specifically address this issue. ODG supports corticosteroid injections for short-term use in the evaluation/management of patellofemoral injuries and/or osteoarthritis of the knee. Criteria include documentation of symptomatic severe osteoarthritis of the knee. In this case, patient has had steroid injection to the right knee with reported significant symptomatic benefit. Request does not specify to which knee the steroid injection is for. In addition, patient does not meet the criteria for severe osteoarthritis of the knee. Therefore, the request for knee injections/steroid was not medically necessary per the guideline recommendations of ODG were not met. Therefore the request is not medically necessary and appropriate.

REFERRAL TO [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER, PAGES 127 AND 156.

Decision rationale: As stated on pages 127 and 156 in the CA MTUS ACOEM Independent Medical Examinations and Consultations chapter, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there has been no significant change in the patient's symptoms or function with regards to the knee to require additional consults with [REDACTED] than the regular follow-up schedule. Therefore, the request for referral to [REDACTED] was not medically necessary and appropriate per the guideline recommendations of MTUS.