

Case Number:	CM13-0069959		
Date Assigned:	01/08/2014	Date of Injury:	07/15/2010
Decision Date:	05/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 injured worker is a 30-year-old male who reported an injury on July 15, 2010 secondary to lifting a case of water bottles. He underwent an arthroscopic surgery of the left knee on March 01, 2011. He also underwent a left knee patellar chondroplasty and arthroscopic lateral release on February 14, 2013. The injured worker was treated with six post-operative physical therapy visits, a home exercise program, and activity modification. The injured worker also had a previous steroid injection to the left knee on May 06, 2013. At a follow-up office visit on May 20, 2013, he reported that his knee pain was "better." A post-operative MRI was performed, but imaging studies are unavailable in the documentation provided. The injured worker was evaluated on December 03, 2013 and reported 8/10 left knee pain, which increased with standing or walking longer than 10 minutes. He also reported that his pain meds were not helping. The injured workers medications include Norco 10mg (three times a day), Celebrex 20mg (twice a day), and Flexeril 10mg (twice a day), with no side effects. On physical exam, the injured worker had pain with flexion and extension. Diagnoses included degenerative joint disease and osteoarthritis of the left knee. A request for authorization was submitted on December 09, 2013 for an intra-articular injection of the left knee with manipulation under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT KNEE INTRA-ARTICULAR INJECTION, UNDER FLUOROSCOPY WITH MANIPULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Corticosteroid injections, Manipulation under anesthesia (MUA).

Decision rationale: The request for intra-articular injection under fluroscopy with manipulation for the left knee is not medically necessary. The Official Disability Guidelines recommend manipulation under anesthesia only after physical therapy has failed to restore range of motion. There is no recently documented objective evidence of limited range of motion of the left knee. According to the evaluation at the time of request, the only documented symptom was knee pain and swelling. As such, the request for for intraarticular injection under fluroscopy with manipulation for the left knee is not medically necessary.