

Case Number:	CM13-0070731		
Date Assigned:	01/08/2014	Date of Injury:	03/19/2008
Decision Date:	05/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine and Rehabilitation 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:

This 50 year-old patient sustained an injury on 3/19/08 while employed by [REDACTED]. Request under consideration include ONE CORTICOSTEROID INJECTION TO THE LEFT KNEE. Report of 11/15/13 from the provider noted the patient with complaints of left knee pain rated at 5-6/10 worsened with prolonged sitting, standing, walking, squatting, and bending. Multiple physical therapy provided only temporary relief; knee catches and cracks significantly. Exam showed mildly antalgic gait, positive painful patellofemoral crepitus and motion; range in flexion of 0-130 degrees; decreased motor strength in the quadriceps and hamstring; tenderness to palpation over the pes anserine bursa. Diagnoses include left knee degenerative joint disease, chondromalacia patella, and pes anserine bursitis. Request for corticosteroid knee injection was non-certified on 12/20/13 citing guidelines criteria and lack of medical necessity.

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 LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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 Chapter, Injection Section.

Decision rationale: The Official Disability Guidelines (ODG) recommend corticosteroid injections for short-term use with beneficial effect of 4-8 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) 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 (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The one corticosteroid injection to the left knee is not medically necessary and appropriate