

Case Number:	CM14-0006459		
Date Assigned:	01/24/2014	Date of Injury:	02/24/2011
Decision Date:	06/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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, has a subspecialty in Spine 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 54-year-old male who sustained injuries to his bilateral knees on 02/24/11. The mechanism of injury was not documented. The records indicate that injured worker's morbidity is 230 pounds, 5'10". The injured worker reported smoking 10 cigarettes per day. An MRI of the right knee was requested to rule out medial meniscal tear and other internal derangement. An intra-articular corticosteroid injection was administered to the right knee and the injured worker was advised to perform home exercises and work on modified duty. It was reported that the injured worker is totally temporary disabled and he is not a candidate for right knee total replacement at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE CORTISONE INJECTION: Upheld

Claims Administrator 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Corticosteroid Injections.

Decision rationale: The request for right knee Cortisone injection is not medically necessary. The records indicate that the patient was administered a cortisone injection to the right knee in May of 2011. There was no documentation provided that would indicate the patient's response to the previous injection. The patient was administered a second injection, per November 2013 report. There was no indication of the amount of relief that the patient received from the first injection that would warrant a second injection. The ODG states that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. Given the clinical documentation submitted, medical necessity of the request for right knee Cortisone injection has not been established.