

Case Number:	CM14-0006625		
Date Assigned:	03/03/2014	Date of Injury:	04/23/2012
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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 Surgeon and is licensed to practice in Maryland. 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 28-year-old female who sustained an injury to her right knee on 04/23/12 when she was lifting equipment that weighed over 50 pounds. While she was lifting the equipment, she felt her knee pop followed by a sharp pain described as "like someone stabbed me in the knee". The injured worker stated that she had pain in her left knee as well. The injured worker continued to work despite her bilateral knee pain. She went to the doctor four days later reporting that the pain had intensified and she was feeling pressure in her knees. The injured worker was referred to a knee specialist who recommended taking her off work and putting her in physical therapy. The knee pain intensified and she subsequently reported to the emergency room. The injured worker has a history of blood clots in the bilateral knees. She was diagnosed with repetitive strain injury of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) BILATERAL KNEE CORTISONE INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 13: KNEE COMPLAINTS,

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: The request for two bilateral knee Cortisone injections is not medically necessary. There was no information provided that would indicate that the injured worker has been diagnosed with severe osteoarthritis of the bilateral knees. The ODG states that treatment with Cortisone injections requires documentation that the injured worker's pain has not been controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. It was reported that the treating physician originally wanted to take the injured worker off work and put her in physical therapy; however, this request was denied by worker's compensation. Given the clinical documentation submitted for review, medical necessity of the request for two bilateral knee Cortisone injections has not been established. Therefore is not medically necessary.