

Case Number:	CM14-0108367		
Date Assigned:	08/01/2014	Date of Injury:	11/01/2013
Decision Date:	10/14/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 is a 39-year-old gentleman who injured his left knee in a work-related accident on 1/11/13. The records provided for review included the 6/4/14 clinical report documenting that recent conservative care had not provided any significant improvement. Physical examination revealed restricted range of motion, tenderness to palpation, and no instability. The claimant was diagnosed with left knee medial meniscal tearing and chondromalacia. Recommendations at that time were for a left knee arthroscopy with intraoperative injection of the joint for pain and a physician assistant for assistance. There was no reports from recent imaging provided for review. There is a specific clinical request at present for the use of an intraarticular injection for pain at the time of operative procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of the knee joint for pain (nonspecific): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Corticosteroid injections Recommended for short-term use only. Intra-articular

corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two w

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an injection of the knee joint for pain is not recommended as medically necessary. First and foremost, the clinical records fail to document what specifically is to be injected into the claimant's joint. Typically, the intraarticular injections at the time of operative procedures are not supported or warranted. Injections are typically reserved for symptomatic flare and treatment from a conservative standpoint. Without documentation of specific agent to be injection, the request in this case would not be supported as medically necessary.