MAXIMUS Federal Services

Case Number:	CM14-0011146		
Date Assigned:	02/21/2014	Date of Injury:	04/26/2012
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 35-year-old male who reported an injury on 04/26/2012. The mechanism of injury was not stated. Current diagnoses include left knee pain and status post patella fracture. The injured worker was evaluated on 11/13/2013. The injured worker reported persistent right knee symptoms. Physical examination revealed limited range of motion with tenderness to palpation. Treatment recommends included a referral to an orthopedic surgeon for intra-articular injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRA ARTICULAR INJECTION RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions and cortisone injections, are not routinely indicated. Official Disability Guidelines state prior to an intra-articular corticosteroid injection, there

should be evidence of symptomatic severe osteoarthritis of the knee. Documented symptomatic severe osteoarthritis includes boney enlargement, boney tenderness, crepitus, erythrocyte sedimentation rate of 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 to 40, and synovial fluid signs. There should also be documentation that pain interferes with functional activities and has not responded adequately to recommended conservative treatment. As per the documentation submitted, the injured worker's physical examination only revealed limited range of motion with tenderness to palpation. There was no documentation of symptomatic severe osteoarthritis. There is no mention of a failure of conservative treatment to include exercises, NSAIDs, or acetaminophen. Based on the clinical information received, the request is not medically necessary.

INTRA ARTICULAR INJECTION LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions and cortisone injections, are not routinely indicated. Official Disability Guidelines state prior to an intra-articular corticosteroid injection, there should be evidence of symptomatic severe osteoarthritis of the knee. Documented symptomatic severe osteoarthritis includes boney enlargement, boney tenderness, crepitus, erythrocyte sedimentation rate of 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 to 40, and synovial fluid signs. There should also be documentation that pain interferes with functional activities and has not responded adequately to recommended conservative treatment. As per the documentation submitted, the injured worker's physical examination only revealed limited range of motion with tenderness to palpation. There was no documentation of symptomatic severe osteoarthritis. There is no mention of a failure of conservative treatment to include exercises, NSAIDs, or acetaminophen. Based on the clinical information received, the request is not medically necessary.