

<b>Case Number:</b>	CM14-0017408		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	10/04/2007
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 10/04/2007. The mechanism of injury was not provided. The documentation of 12/19/2013 revealed the injured worker was currently reporting chronic left ankle pain secondary to an industrial injury that resulted in multiple surgeries. The physical examination of the left knee revealed swelling of the prepatellar bursa, no redness or sign of infection. The injured worker had tenderness to palpation at the prepatellar bursa. The collateral ligaments were intact medially and laterally. There was crepitation with the patellofemoral joint movement. The diagnoses included prepatellar bursitis, ankle pain, and chronic pain syndrome, as well as chondromalacia pain of the left knee. The plan included a left knee steroid injection in the prepatellar bursa with diagnosis of prepatellar bursitis of the left knee. Additionally there was a request made for a surgical consultation with foot and ankle specialist and medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroid injections.

**Decision rationale:** ACOEM Guidelines indicate that invasive techniques such as needle aspiration, aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. The documentation indicated the injured worker had prepatellar bursitis and needed an injection. The clinical documentation submitted for review failed to indicate exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for left knee steroid injection is not medically necessary.