

Case Number:	CM14-0111533		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2012
Decision Date:	10/14/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on January 20, 2012. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated tenderness of the right knee as well as palpable crepitus and an antalgic gait. Diagnostic imaging studies of the right knee revealed advanced narrowing of the medial compartment with the absence of joint space. Previous treatment includes oral medications. A request had been made for drainage and injection of a joint/bursa and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drain/injection joint/bursa: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG), Knee and Leg, Corticosteroid Injection, Updated October 7, 2014.

Decision rationale: According to the Official Disability Guidelines the injured employee must have at least five specific criteria for justification of an intra-articular glucocorticoid knee injection. According to the attached medical record the only two criteria met include crepitus and an age over 50 years old. Additionally, it is not stated that the injured employee's knee pain interferes with functional activities. As such, this request for drainage/injection of a joint/bursa is not medically necessary.