

<b>Case Number:</b>	CM14-0114211		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 44 year old male claimant with an industrial injury dated 09/28/12. The patient is status post a left knee injection as of 05/30/14. Current medications include omeprazole, tramadol, cartivisc, flexeril, and norco. Exam note 05/30/14 states that the patient returns with left knee pain. The patient rates the pain a 6/10 and states it is increasing. Upon physical exam the patient had a range of motion of the right knee a 0-130' with no edema, swelling or effusion. Exam demonstrates a slightly positive McMurray's test for the left knee and it was noted that the patient experienced joint line pain along the medial joint line. Treatment includes an additional cortisone injection into the left knee medial joint line area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Cortisone Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337, 346.

**Decision rationale:** CA MTUS/ACOEM Chapter 13, pages 337, 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 5/30/14 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. The request therefore is not medically necessary and appropriate.