

Case Number:	CM14-0124476		
Date Assigned:	08/08/2014	Date of Injury:	06/18/2009
Decision Date:	10/28/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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:

55 year old male claimant with an industrial injury dated 06/18/09. The patient is status post radiofrequency ablation as of June 2nd in which provided no improvement. Exam note 06/23/14 states the patient returns with knee pain. Current medications include Glucosamine, Ibuprofen, Lisinopril, Norco, Protonix, Soma, and Ultracet. The patient states that the medications allow him to return to full work duty and rates the pain a 5-6/10 with medication; 9/10 without. Other conservative treatments include physical therapy and a corticosteroid injection in 2013 in which did provide some improvement. Upon physical exam the patient had a right knee range of motion of 110' in flexion with positive crepitus and 2+ effusion. The patellar grind test result was positive. Diagnosis is noted as pain in joint involving the lower leg, osteoarthritis localized primary involving the lower leg, contusion of the shoulder region, and osteoarthritis localized primary involving the sholder region. Treatment includes a corticosteroid injection of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid Injection, Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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 6/23/14 do demonstrate objective findings related to the affected knee indicative of subjective complaints and functional deficits to support the necessity of cortisone injection into the knee. The request therefore is medically necessary and appropriate.