

Case Number:	CM14-0139832		
Date Assigned:	09/08/2014	Date of Injury:	01/08/2013
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Arizona. 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 patient is a 53-year-old male who suffered an injury from a fall on 1/08/2013 while working as an engineer. Since then he has complained of pain in his right knee. He was treated with ice, nonsteroidal over-the-counter medication, Tylenol as well as transcutaneous electric nerve stimulation (TENS) unit. He complains of pain weakness as well as swelling. His right knee gives out periodically. Subsequently he underwent an MRI of the knee joint which showed low-grade chondral fissuring along the medial patellar ridge, patellofemoral chondromalacia and some leakage of the popliteal cyst. The treating physician, on 7/01/2014, recommended authorization for right knee physical therapy to work on range of motion and gradual strengthening. He also suggested potentially either Kenalog or Synvisc injection of the right knee for chondromalacia a physiotherapy and anti-inflammatory medications do not work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection to the Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web), 2014 Knee, Corticosteroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329-346.

Decision rationale: This patient has not improved with anti-inflammatory medication, TENS unit and icing. He continues to complain of pain in the knee joint causing limitation of function. Swelling of the knee joint persists. MRI is abnormal. The treatment recommendation regarding physical therapy and if no improvement, consideration of steroid or Synvisc injection seems reasonable and should be arthritis.