

Case Number:	CM14-0150286		
Date Assigned:	09/18/2014	Date of Injury:	11/15/2011
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 New York. 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 is a 57-year-old female presenting with a history of a work-related accident that occurred on 11/25/2011. She injured her right knee during a fall. She developed chronic right knee pain that did not resolve with conservative treatment measures. The magnetic resonance imaging (MRI) scan of the right knee revealed a tibial plateau fracture and osteochondritis dissecans. She subsequently underwent arthroscopic excision of the osteochondral fragment in 2011. Her right knee pain and stiffness have remained. Her treating physician is requesting a right knee steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee steroid injection using ultrasound guidance: 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), Treatment Index, 11th Edition (web), 2014, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Corticosteroid Injections Section

Decision rationale: The ODG guidelines state that corticosteroid joint injections are indicated when there is documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology criteria, which requires knee pain and at least 5 of the following: bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; erythrocyte sedimentation rate less than 40 mm/hr; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age; rheumatoid factor less than 1:40 titer (agglutination method); synovial fluid signs (clear fluid of normal viscosity and white blood count less than 2000/mm³). There was no documentation of severe osteoarthritis with at least 5 criteria from the above list noted in the medical record for this worker. Therefore, the right knee steroid injection using ultrasound guidance would not be considered medically necessary.