

Case Number:	CM14-0157311		
Date Assigned:	09/30/2014	Date of Injury:	09/24/2012
Decision Date:	12/18/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50 year old male with a 9/24/12 injury date. Bilateral knee MRI's on 6/19/13 revealed joint effusions with femorotibial spurring. Bilateral knee x-rays on 5/31/13 showed moderate degenerative joint disease. In a 3/3/14 note, the patient complained of bilateral knee pain, and difficulty squatting, bending, and kneeling. Objective findings of the bilateral knees included range of motion from 0 to 120 degrees, pain patellofemoral crepitus with motion, no instability, negative McMurray's, nontender joint lines, and 5-/5 quad and hamstring strength. In an 8/5/14 note, recent bilateral Orthovisc injections provided one month of relief. Bilateral knee cortisone injections were given during the visit, and the plan was to proceed with intermittent injections in the future. Diagnostic impression: bilateral knee arthritis. Treatment to date: medications, cortisone injections, viscosupplemental injections. A UR decision on 8/25/14 denied the request for bilateral knee steroid injections because routine use of intra-articular knee injections is not clinically indicated. In addition, there was no documentation of any acute change or physical findings that warranted the injections performed on 8/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee steroid injections: 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 Chapter--Corticosteroids.

Decision rationale: CA MTUS does not address this issue. ODG supports corticosteroid injections for short-term use in the evaluation/management of patellofemoral injuries and/or osteoarthritis of the knee. In this case, the patient has documented arthritis of the knees and has not had any relief from oral anti-inflammatories or a recent Orthovisc injection. However, there is a lack of documentation of acute-on-chronic symptoms or new functional limitations on physical exam. There continues to be normal knee range of motion and strength, no joint line tenderness, and no swelling or effusion. Cortisone injections are unlikely to produce any long or mid-term benefit at this point. In addition, continued intermittent cortisone injections in the future are unlikely to meet guidelines for medical necessity. Therefore, the request for bilateral knee steroid injections is not medically necessary.