

Case Number:	CM14-0170085		
Date Assigned:	10/20/2014	Date of Injury:	10/22/2013
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Pain Management 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:

The injured worker is a 57-year-old female who sustained an injury on 10/22/13. As per 9/8/14 report, she presented with pain, giving way, and locking of the right knee, which was increased with prolonged standing, walking and stair climbing. Examination of the right knee revealed satisfactorily healed arthroscopic portals, 3+ swelling, and tenderness of the medial joint line and patellofemoral joint and to a lesser degree at the lateral joint line, range of motion of 5-120 degrees, crepitation on range of motion of the patellofemoral joint with popping, positive McMurray's test, patellofemoral compression test and apprehension test. MRI of the right knee dated 08/11/14 revealed chondromalacia of the patella with possible tear involving the posterior horn of the medial meniscus at the left body and anterior horn of the lateral meniscus. X-ray of the right knee from 9/8/14 revealed narrowing of the medial joint line. Past surgeries have included left carpal tunnel release, right knee arthroscopic surgery in 2009 and right knee arthroscopy with partial lateral meniscectomy on 03/27/14. It is not clear as to what medications she is currently on but seems to have been on Naproxen. Previous cortisone injection (unknown date) provided no benefit and she was authorized 17 physical therapy sessions and has attended 5 visits as of 5/16/14. Diagnoses include internal derangement of the right knee, chondromalacia of the patella of the right knee with possible torn medial meniscus, tear of the lateral meniscus, and atrophy of the right lower extremity. The request for Right knee cortisone injection was denied on 9/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Per MTUS/ACOEM guidelines, cortisone injections are optional in the treatment of knee disorders and are not routinely indicated. In this case, the medical records indicate that previous cortisone injections have provided no benefit. Furthermore, the indication for cortisone injection has not been specified. Knee joint injections are not routinely indicated and are generally reserved for patients with OA who have not responded to adequate conservative treatments such as physical therapy. The IW has been authorized 17 PT visits; however, it is not clear as to how many visits she has attended. Thus, the request is not medically necessary in accordance to guidelines.