

Case Number:	CM14-0172568		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2009
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency Medicine, 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:

Patient with reported date of injury on 11/6/2009. No mechanism of injury was provided for review. Patient has a diagnosis of lumbar spine disc herniation and L knee internal derangement with torn meniscus. Medical reports reviewed. Last report available until 8/23/14. Patient complains of L knee, low and upper back and chest pains. Pain is 7-8/10. Objective exam reveals knee exam had medial and lateral "instability", positive patellar grind, and positive patellar apprehension, swelling and mildly decreased range of motion. R knee exam was benign. Unable to heel toe walk. Review of records of notes until 4/11/14 shows similar exam and complaints. Knee pain appears chronic and unchanged. MRI of L knee (6/13/11) reportedly showed medial meniscus tear. Actual report was not provided for review. Patient has reportedly undergone aquatic therapy/physical therapy. Current medications include amitriptyline, Napro cream, Naproxen, Omeprazole and Tramadol. Independent Medical Review is for Cortisone injection of Left knee. Prior UR on 9/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection left knee 60210: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: As per ACOEM guidelines, steroid injections of the knee are not routinely recommended. It is usually only recommended for severe osteoarthritis of the knee which the patient does not have. There is no provided documentation or imaging reports of osteoarthritis of the knee. There is no documentation of why there is a sudden need for a knee injection in what appears to be a chronic painful knee that is unchanged in over 4months of progress notes. There is no documented end goal of the injection since these injections provide only limited temporary improvement in pain. Cortisone injection of the left knee is not medically necessary.