

Case Number:	CM14-0174702		
Date Assigned:	10/28/2014	Date of Injury:	05/17/2007
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 patient is a 51-year-old female who was injured on May 17, 2007. The patient continued to experience pain in her right knee. Physical examination was notable for right knee tenderness on deep palpation, right knee swelling, and painful range of motion. Diagnosis included degenerative joint disease of the right knee. Treatment included medications, physical therapy, Euflexxa injections, and surgery. Request for authorization for intra-articular injection of the right knee was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) intra-articular injection, right knee: 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 and Leg Procedure Summary

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, Corticosteroid injections

Decision rationale: Corticosteroid injections are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in

osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The patient should have documented evidence of severe osteoarthritis, which requires knee pain and five of the following criteria. (1) Bony enlargement (2) Bony tenderness (3) Crepitus (noisy, grating sound) on active motion (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr (5) Less than 30 minutes of morning stiffness (6) No palpable warmth of synovium (7) Over 50 years of age (8) Rheumatoid factor less than 1:40 titer (agglutination method) (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³) In this case documentation in the medical record does not support the diagnosis of osteoarthritis. There is no documentation of the presence of any criteria as listed above. In addition MRI of the right knee prior to surgery on January 11, 2013 reports low-grade chondromalacia. Medical necessity has not been established. The request is not medically necessary.