

Case Number:	CM14-0175094		
Date Assigned:	10/28/2014	Date of Injury:	04/14/2010
Decision Date:	12/04/2014	UR Denial Date:	10/22/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 years old female with an injury date on 04/14/2010. Based on the 10/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right knee internal derangement; 2. Left knee posttraumatic arthritis with knee revision x2; 3. Left hamstring avulsed and incompetent from falls and tears; 4. Right hamstring partial tear; 5. Lumbar DDD and DJD with sprain; 6. Left lower extremity sciatica; 7. Cervical DDD, DJD, and upper extremity radiculopathy. According to this report, the patient complains of right knee pain due to a "fall approximately a week ago and further injured her neck, back, and shoulders." Exam findings of the right knee were not included in the report for review. The 09/16/2014 report indicates the right knee overall is manageable. She had arthroscopy and there was some pain and crepitation. There were no other significant findings noted on this report. The utilization review denied the request on 10/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/11/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection right knee done on 10/13/14 office visit retrospective: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 346-347.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, cortisone injection

Decision rationale: According to the 10/13/2014 report by [REDACTED] this patient presents with right knee pain due to a "fall approximately a week ago and further injured her neck, back, and shoulders." The treating physician is requesting cortisone injection right knee done on 10/13/2014; office visit retrospective "to improve knee stability in the setting of anticipated immobilization of the upper extremity." Regarding cortisone injection, MTUS and ACOEM Guidelines are silent; however, ODG Guidelines states it is indicated for severe osteoarthritis and must have at least 5 criteria of the following: bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, erythrocyte sedimentation rate (ESR) 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. Conservative measures must have failed as well. In this case, the patient has pain, crepitus, age > 50, but no examination, x-ray or labs are provided. There is no evidence of "severe osteoarthritis," either. Given the lack of indication per ODG guidelines, recommendation is that the request is not medically necessary.