

Case Number:	CM14-0179894		
Date Assigned:	11/04/2014	Date of Injury:	05/21/2002
Decision Date:	12/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational 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:

The patient is a 51 year-old female with date of injury 03/22/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/22/2014, lists subjective complaints as pain in the left knee. Prior conservative treatments include a left knee cortisone injection (date not provided), physical therapy, and acupuncture. The patient reported a few days benefit from the cortisone injection. Objective findings include an examination of the left knee revealed tenderness to palpation of the left joint line. Range of motion was 90 degrees for flexion. Positive impingent test and sensation to light touch was normal along all dermatomes of the bilateral lower extremities. Deep tendon reflexes were 2+ and symmetrical. Straight leg raising test was positive on the left at 30 degrees. Diagnosis includes lumbar disc with radiculitis; low back pain; foot pain; joint pain, ankle; and knee pain, left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Acute & Chronic), Corticosteroid Injections

Decision rationale: The Official Disability Guidelines (ODG) recommends corticosteroid injections into the knee 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. The patient must have documented symptomatic severe osteoarthritis of the knee, and at least 5 of 9 criteria specified by any American College of Rheumatology. The medical record is lacking in documentation of the required criteria. Therefore, this request is not medically necessary.