

Case Number:	CM14-0025606		
Date Assigned:	06/27/2014	Date of Injury:	05/16/2011
Decision Date:	08/05/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 36-year-old male who reported an injury on 05/16/2011. The mechanism of injury was not provided for clinical review. The diagnoses include osteoarthritis of the knee, weakness, disorder of muscle ligament and fascia, chondromalacia, lateral meniscal tear, knee pain, tibia fracture, and closed fracture of shaft of tibia. Previous treatments include surgery, physical therapy, medication, and MRI. The clinical note dated 01/09/2014 reported the injured worker complained of constant worsening left knee pain, complained of increasing right knee pain. The injured worker has undergone 23 sessions of physical therapy and continues with home exercise. Upon the physical examination of the left knee the provider noted range of motion with flexion was at 105 degrees, extension at 0 degrees. The provider noted the injured worker had a positive passive patellar tilt test. The provider recommended Cortisone injection. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Corticosteroid injections.

Decision rationale: The request for cortisone injection of the left knee is not medically necessary. The injured worker complained of constant worsening left knee pain, and right knee pain. The California MTUS/ACOEM Guidelines indicate cortisone injections are optional in the treatment of knee disorders and are not routinely indicated. In addition, the Official Disability Guidelines recommend corticosteroid injections for short-term use only. The guidelines recommend documentation of symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology criteria which requires knee pain and at least 5 of the following including bony enlargement, bony tenderness, crepitus-noisy, grating sound on active motion, erythrocyte sedimentation rate less than 40 mm/hour, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over the age of 50. Guidelines also note the pain is not controlled adequately by recommended conservative treatment, exercise, NSAIDs, or acetaminophen. Pain interferes with functional activities including ambulation and prolonged sitting, and not attributed to any forms of joint disease; intended for short-term control of symptoms and to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance. The clinical documentation submitted does not indicate the injured worker is diagnosed with osteoarthritis; however, there is lack of documentation indicating the injured worker is treated for or has bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium. There is lack of documentation indicating the injured worker's pain interferes with activities of daily living. Therefore, the request for cortisone injection of the left knee is not medically necessary.