

Case Number:	CM14-0030098		
Date Assigned:	08/27/2014	Date of Injury:	05/22/2012
Decision Date:	11/24/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family 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:

This case involves a 33-year-old male patient who reported an industrial injury on 5/22/2012, 2 years ago, to the bilateral knees and lower back attributed to the performance of his usual and customary job tasks reported as falling off of a lettuce cutting machine. The patient complained of bilateral anterior lateral knee pain aggravated by walking on inclines. The left knee was reported to have popping and clicking but no locking. The patient was not noted to have any functional improvement after 24 sessions of chiropractic care the patient has received ongoing chiropractic care to the back and knees. The patient was provided an orthopedic consultation. The patient was diagnosed with bilateral chondromalacia patella and lumbago. The treatment plan included corticosteroid injection to both knees under fluoroscopic guidance along with 12 sessions of physical therapy to the lumbar spine. The MRI of the right knee dated 10/4/2012, documented evidence of a lateral meniscus tear and mild degenerative osteophytes spurring of the medial lateral compartments. The left knee MRI dated 10/4/2012, documented small osteophyte medial and lateral compartments, and lateral meniscus with internal tear versus degeneration. The objective findings on examination included "left knee with one plus effusion, pain and crepitation with patellar compression, lateral joint line tenderness, positive McMurray's sign and popping and pain in the lateral compartment with range of motion. The patient was documented to have the diagnoses of bilateral lateral meniscus tears; bilateral knee pain; bilateral chondromalacia patella; intermittent RLE radiculopathy; and lumbago."

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee injections of Lidocaine, Marcaine, and Kenalog under ultrasound guidance (quantity not specified): 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 & Leg (updated 11/29/2013), Criteria for Intra-Articular, Gluco - Corticosteroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter-Corticosteroid Injections

Decision rationale: The conservative treatment provided to date was documented including the provided chiropractic care for 24 sessions and the orthopedic consultation. The patient is noted to be diagnosed with a lateral meniscus tear to the left knee with chondromalacia patella. There is no diagnosis of osteoarthritis to this 33-year-old patient. The provision of corticosteroid injections are recommended for treatment of osteoarthritis of the knee and degenerative joint disease. The patient is diagnosed with a lateral meniscus tear and reported chondromalacia patella. The patient has not met the criteria for a corticosteroid injection as recommended by the CA MTUS for the treatment of osteoarthritis or patellofemoral syndrome to the knee. Evidence-based guidelines recommend the use of a corticosteroid injection for short-term only with the expectations of temporary relief of the inflammation associated with osteoarthritis of the knee. There was no documentation of the criteria for severe osteoarthritis of the knee according to the American College of rheumatology which required at least five of the following: bony enlargement; bony tenderness; crepitus on active motion; ESR less than 40; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age; rheumatoid factor less than 1:40 titer; and synovial fluid signs. There was no evidence that the diagnosed chondromalacia patella interfered with the function of daily activities. There was no documentation that symptoms were not adequately treated with non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen. There was no rationale provided by the requesting provider to support the medical necessity of a left knee corticosteroid/Kenalog injection with Marcaine and Lidocaine under ultrasound guidance. Therefore, this request is not medically necessary.