

Case Number:	CM14-0034489		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2011
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 year old female who sustained a work related injury on 10/05/11. She initially injured her left knee as result of kneeling while performing her duties working at [REDACTED]. A week later, she began to experience right knee pain that really had not subsided. Her left knee pain did not abate either and underwent a left knee arthroscopy with findings of chondromalacia without any meniscal tear. Her left knee pain continued following her surgery and she underwent a series of steroid injections to the knee. Since then she has had right knee pain and was diagnosed with patellar chondromalacia. Her pain was from 2-5/10, elevated to 8/10 at times with right knee joint line pain and swelling that is worsened by weight bearing. No observable crepitus is noted, patellar tracking is normal and absent of abnormal motion, swelling with normal range of motion. She has moderate to significant tenderness bilaterally around the patellar tendon at the joint line. She has had a total of 23 sessions of physical therapy. In the past, she tried Ibuprofen, Diclofenac, Tramadol, Butrans and Celebrex. She is now utilizing Naprosyn for pain management. In dispute is the decision for an intra-articular steroid injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular steroid injection to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg.

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: Knee Intra-articular Steroid Injection treatment method is 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 number of injections should be limited to three. However, the ODG guidelines specify meeting the specific criteria for Intra-articular glucocorticosteroid injections. Based upon the above criteria and the findings documented within the provided medical record, the patient's documentation lacks support of the necessary physical exam findings or specific criteria requirements have not been met regarding her right knee. Therefore the request is not medically necessary.