

Case Number:	CM14-0036357		
Date Assigned:	06/25/2014	Date of Injury:	09/11/2009
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/25/2014

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, 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 is a 30-year-old female with a date of injury of 9/11/09. The mechanism of injury is a contusion to the left knee. The patient has had conservative care, including physical therapy, medications, injections and bracing. MRI (magnetic resonance imaging) from 10/16/09 showed no significant pathology. The patient was determined to be permanent and stationary (P&S) by an orthopedic qualified medical evaluator (QME) on 10/31/11. The diagnoses were left knee sprain/strain with negative MRI, chronic pes tendinitis, and chronic chondromalacia patella. Future medical recommendations included orthopedic evaluation for exacerbations, medications, brief courses of physical therapy and local steroid injection. Another MRI was done on 1/14/13, and this one showed findings most consistent with minimal intrasubstance degeneration at the medial meniscus. The patient was referred to another orthopedist on 11/22/13 for care under future medical benefit. Physical therapy was ordered, and pending response, cortisone injection would be considered. The patient followed up on 12/20/13 and had persistent left knee pain and swelling. The exam shows tenderness at the parapatellar area and pes anserine area. The recommendation was made for injection to the pes anserine tendon if the patient does not respond to therapy that has recently been authorized. The patient is only taking Tylenol, as she is breast feeding. A 2/24/14 follow-up notes that the knee continues to be painful. She never started therapy. She is now on Aleve and Ibuprofen. This was submitted to Utilization Review with an adverse determination rendered on 2/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injections to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Corticosteroid injection.

Decision rationale: The ACOEM Guidelines state that cortisone injections are not routinely indicated, however, are an optional treatment. The Official Disability Guidelines (ODG) states that injections may be considered for pain that is not controlled adequately by recommended initial conservative treatments and interferes with functional activities. In this case, an initial request for injection was made as an option for the patient, if she did not respond to authorized physical therapy. At the time of initial request, she was only on Tylenol. At follow-up, she had still not started physical therapy and appears to have just started a non-steroidal anti-inflammatory drug (NSAID). Given that the response to initial conservative measures cannot be determined without having completed those initial conservative measures (physical therapy in this case), medical necessity the procedure is not established. As such, the request for cortisone injection to the left knee is not certified.