

Case Number:	CM14-0043441		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2011
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 44 year-old patient sustained a cumulative trauma injury on 8/10/11 while employed by [REDACTED]. Request under consideration include outpatient steroid injection left knee pes anserine bursa and infrapatellar bursa. The patient's diagnoses include left knee pain status post arthroscopic surgery and left knee anserine bursitis. A reading of a MRI on 2/14/12 from the provider noted intrasubstance non-communicating signal in periphery of medial and lateral menisci and fragmentation with small radial tears at posterior horn of medial meniscus. A report of a MR arthrogram of left knee by the provider noted moderate joint effusion consistent with strain or sprain and no evidence of meniscal or ligamentous rupture. X-rays of left knee dated 7/23/13 were unremarkable. Report on 1/16/14 from the provider noted patient with exam findings of decreased motor strength of left quadriceps at 4/5, normal DTRs, tenderness to palpation over left medial patella as well as medial joint line and positive McMurray's on left. The treatment included steroid injection of left knee. The request for outpatient steroid injection left knee pes anserine bursa and infrapatellar bursa was non-certified on 2/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT STEROID INJECTION LEFT KNEE PES ANSERINE BURSA AND INFRAPATELLAR BURSA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg, Corticosteroid Injections and Non-MTUS American College of Rheumatology (ACR), Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee Chapter, Corticosteroid Injections, pages 294-295.

Decision rationale: The ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 4-8 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include bony enlargement; bony tenderness; crepitus on active motion; erythrocyte sedimentation rate less than 40 mm/hr; 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, not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay total knee arthroplasty. The submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in activities of daily living to meet guidelines criteria. The outpatient steroid injection left knee pes anserine bursa and infrapatellar bursa is not medically necessary and appropriate.