

Case Number:	CM14-0048819		
Date Assigned:	06/25/2014	Date of Injury:	02/15/2009
Decision Date:	09/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of February 15, 2009. A utilization review determination dated March 14, 2014 recommends noncertification of a left knee steroid injection. Noncertification was recommended due to lack of documentation of osteoarthritis of the knee by radiograph. An MRI of the knee dated June 9, 2014 identifies a fluid collection, inter-osseous ganglion, mild edema with joint effusion, and intact cruciate and collateral ligaments. A progress report dated May 29, 2014 identifies subjective complaints of pain radiating from the back into the left leg, left ankle pain, and left knee pain. The patient has more pain in her left medial knee. She states that the knee gave out suddenly. A summary of a left knee x-ray dated June 14, 2011 states "no fracture or dislocation. Patella alta." Physical examination findings identify tenderness to palpation over the lateral joint line and medial joint line. There is a positive patellar grind test. Diagnoses include lumbar sprain, low back pain, and lumbar degenerative disc disease. The treatment plan recommends an MRI for the left knee due to the x-rays being normal. If not authorized, referral will be requested for an orthopedic surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE STEROID INJECTION Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: Regarding the request for a left knee steroid injection, ODG states that intra-articular corticosteroid injections are 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. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of 1) severe osteoarthritis of the knee with knee pain 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease ;4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Within the documentation available for review, there is no documentation of an x-ray identifying osteoarthritis in the right knee. As such, the currently requested left knee steroid injection is not medically necessary.