

Case Number:	CM14-0049864		
Date Assigned:	07/07/2014	Date of Injury:	08/06/2009
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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:

The patient is a 58-year-old male who has submitted a claim for post lumbar laminectomy syndrome, lumbar stenosis with multilevel degenerative disc disease, myofascial pain syndrome, chronic pain syndrome, and right knee osteoarthritis associated with an industrial injury date of August 6, 2009. Medical records from 2011-2014 were reviewed. The patient complained of intermittent right knee pain. The patient reports several times when his right knee gave out. He was having increased instability on it as well. Physical examination showed medial joint line tenderness and pain with range of motion of the right knee. Swelling was also noted. MRI of the right knee dated September 30, 2011 revealed degenerative tear at the posterior horn of the lateral meniscus, and degenerative tear in the body of the medial meniscus extending into the anterior and posterior horns of the medial meniscus. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, chiropractic therapy, acupuncture, lumbar epidural steroid injection, cognitive behavioral therapy, home exercise program, activity modification, trigger point injections, lumbar laminectomy, and right knee arthroscopic surgery. Utilization review, dated April 3, 2014, certified Orthovisc injections, denied a cortisone injection to the right knee because the patient was treated with several cortisone injections in the past without evidence of improvement and denied a fluoroscan because guidelines indicate that hyaluronic acid injections are typically performed without fluoroscopic or ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cortisone Injection to the right knee with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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 Chapter, Corticosteroid injections.

Decision rationale: ODG states that corticosteroid injections are recommended for short-term use only for osteoarthritis as well as rheumatic disease. In this case, the patient complains of persistent right knee pain. The patient was recently assessed with right knee osteoarthritis. Right knee fluoroscan dated March 15, 2014 showed that the patient has medial joint space narrowing and associated degenerative changes. Orthovisc injections for the patient's right knee osteoarthritis were certified. Moreover, recent progress report dated June 10, 2014 stated that 3 Orthovisc injections have already been given to the right knee. There is no compelling reason as to why the Orthovisc injections would not suffice. The medical necessity has not been established. Therefore, the request for cortisone injection to the right knee with ultrasound guidance is not medically necessary.

1 Fluoroscan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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 Chapter, Corticosteroid injections.

Decision rationale: ODG states that corticosteroid injections are recommended for short-term use only for osteoarthritis as well as rheumatic disease. According to ODG, intra-articular glucocorticosteroid injections is generally performed without fluoroscopic or ultrasound guidance. The medical necessity has not been established. Furthermore, the related request for cortisone injection of the right knee was not certified and the present request failed to specify the body part involved. Therefore, the request for Fluoroscan is not medically necessary.