

Case Number:	CM14-0053963		
Date Assigned:	07/07/2014	Date of Injury:	04/11/2012
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 65 year old female who sustained injury to her left knee on 04/11/12 while performing her usual and customary duties as a janitor; she slipped on a wet floor. Progress report dated 04/21/14 reported that the patient continued to complain of left knee pain that was moderate and increased with prolonged standing. Treatment to date has included Ultracet, transdermal cream, and H wave that had not helped. Physical examination noted decreased range of motion and tenderness in the left knee. There was no imaging study provided for review. The injured worker was diagnosed with status post left knee partial inferior pole patellectomy with reattachment of the patellar tendon, chronic left patellar tendinosis, patellofemoral malalignment and residual muscle weakness or atrophy of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Cortisone Injection left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Knee and Leg, Criteria for Interarticularis glucocorticosteroid injections"American College of Rheumatology (ACR).

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: The previous request was denied on the basis that the injured worker does not appear to have met the required criteria. There was no documented symptomatic severe arthritis of the knee. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The Official Disability Guidelines state that there must be clinical documentation that the pain has not been controlled adequately by recommended conservative treatment (exercise, nonsteroidal antiinflammatories, , or acetaminophen). There was no indication that the patient is actively participating in a home exercise program. There was no indication of any previous injections or response to previous treatment with injections. Given this, the retrospective request for review of cortisone injection to the left knee is not indicated as medically necessary.