

Case Number:	CM14-0067541		
Date Assigned:	07/14/2014	Date of Injury:	03/14/2003
Decision Date:	10/01/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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:

The injured worker is a 56-year-old male who was injured on 03/14/03. MRI of left knee dated 04/26/12 described moderate patellar chondromalacia, intrasubstance posterior horn and degenerative change in the medial meniscus and MRI of right knee revealed moderate chondromalacia patella and a horizontal tear of the anterior horn of the lateral meniscus. Examination of the lumbar spine revealed paravertebral tenderness, restricted Range of Motion (ROM), and a bilateral positive sitting root test with positive Bragard test. Straight leg raising was positive bilaterally, and there was decreased sensation in the right LS, S1 nerve root distribution. The knees revealed swelling, mild effusion, medial and lateral joint line tenderness, positive Apley compression test, and patella grind test. ROM of the right knee was -10 to 124 degrees and the left knee showed -5 to 120 degrees. Updated MRI evaluation of both knees would be required to evaluate for progression of bilateral knee pathology. Authorization for surgery on the right knee was denied based on the fact that the studies were too old and the patient had an injection in his right knee long time ago. The patient was provided with refills of Naprosyn, Norco, and Omeprazole. The patient is status post arthroscopies performed in 2006 on the right knee and 2007 on the left knee with meniscectomy and debridement. Diagnoses include lumbar radiculopathy, right knee lateral meniscus tear, right shoulder strain, anxiety and depression, and bilateral knee chondromalacia patella. The request for bilateral knee Depo Medrol/Lidocaine injections with ultrasound guidance was denied due to lack of medical necessity on 04/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Depo Medrol/Lidocaine Injections with Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID) Gastrointestinal (G. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th edition, 2014, Knee and Leg-Corticosteroid Injections, MRI's (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), knee. The Expert Reviewer's decision rationale: Per guidelines, "corticosteroid injections are recommended for short term use only in knee osteoarthritis. Criteria for intraarticular knee injections are documented symptomatic severe OA of the knee, according to American College of Rheumatology which requires knee pain and at least 5 of the following (bony enlargement, tenderness, crepitus, ESR less than 40, less than 30 min morning stiffness, no palpable warmth of synovium); not adequately controlled by recommended conservative treatment (exercise, NSAIDs), pain interfering with functional activities (i.e. ambulation, prolonged standing), generally performed without use of fluoroscopy or ultrasound." In this case, there is no documentation of the above criteria being met. Therefore, the request is considered not medically necessary.