

Case Number:	CM14-0070536		
Date Assigned:	07/14/2014	Date of Injury:	10/05/2007
Decision Date:	12/10/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 66 years old male with an injury date on 10/05/2007. Based on the 04/21/2014 progress report provided by [REDACTED], the diagnosis is: 1. Status post total knee arthroplasty with peripatellar pain. According to this report, the patient complains of right knee pain. Physical exam reveals "range of motion from 0 degrees to 125 degrees. No effusion. Stable to ligamentous exam throughout. Marked lateral patella tenderness." Patient had "prior knee replacement surgery with good functional outcome with the exception of lateral peripatellar pain" and "1 previous injection with good short-term relief." There were no other significant findings noted on this report. The utilization review denied the request on 04/08/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Cortisone Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1012-1022. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee & Leg

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

Decision rationale: According to the 04/21/2014 report by [REDACTED] this patient presents with right knee pain. The treating physician is requesting right knee cortisone injection. Regarding repeat cortisone injection, ODG guidelines state "With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option." In this case, report indicates the patient had "good short-term relief" with previous injection. The request is medically necessary and appropriate.