

Case Number:	CM14-0072765		
Date Assigned:	07/16/2014	Date of Injury:	11/18/1992
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/20/2014

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 Nevada. 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 records presented for review indicate that this 56-year-old gentleman was reportedly injured on November 18, 1992. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated patellofemoral joint crepitus and pain. There was reported to be decreased swelling. A previous note dated February 5, 2014, indicates tenderness over the patella as well. Diagnostic imaging studies were not available. Previous treatment includes a right knee total knee arthroplasty. A request had been made for an injection of the prepatellar bursa of the right knee and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Right Pre-patellar Bursa, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Corticosteroid Injection, Updated August 25, 2014.

Decision rationale: According to the progress note dated February 5, 2014, the injured employee does have physical examination findings of prepatellar bursitis, however there is no documentation of recent usage of anti-inflammatory medication to treat this condition. Without documentation of failure of the usage of anti-inflammatory medications, this request for an injection of the right knee prepatellar bursa is not medically necessary.