

Case Number:	CM14-0080413		
Date Assigned:	07/18/2014	Date of Injury:	11/08/2013
Decision Date:	10/01/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 claimant injured his right knee on 11/08/13. A cortisone injection for the right knee dated 05/13/14 is under review. He underwent surgery on 01/17/14 and had a complex tear of the posterior horn of the medial meniscus with a locked knee, grade III patellar chondromalacia, and synovitis. Postoperatively, on 01/21/14, he had a hemarthrosis aspirated. He had no more locking when seen on 02/10/14 and there was no more giving way. He was using a knee brace. He had a slightly antalgic gait and had some synovitis and an effusion. He saw [REDACTED] on 03/25/14 and was 2 months postop and still was limping and weak. He had moderate right knee pain. He was going to go to therapy. He still had giving way of his knee. He had a limp and a 5 flexion contracture. He was diagnosed with synovitis. He saw [REDACTED] on 05/13/14 and complained of a swollen irritated knee. It was starting to catch and lock again medially and laterally and the synovium was causing this. He had mild right knee and leg pain in general. He had difficulty with stairs. He had finished his physical therapy and wanted to continue it. He was taking medication. He was overweight. He was diagnosed with grade III synovitis and a grade II effusion. He had mildly decreased range of motion. An injection of cortisone was recommended to quiet down the lining of his knee. He was 4 months postop and should have healed. Physical therapy was recommended for 18 visits and he received medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 05/13/2014 cortisone injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee - corticosteroid injections

Decision rationale: The history and documentation do not objectively support the request for a cortisone injection on 05/13/14. The MTUS do not address injections of this type and the ODG state they are "recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. In this case, these criteria have not been met. There was no crepitus, warmth, evidence of osteoarthritis or rheumatoid arthritis, etc. The above physical findings were not demonstrated in the records. The medical necessity of this injection has not been clearly demonstrated in the records. Therefore the request is not medically necessary.