

Case Number:	CM14-0088403		
Date Assigned:	07/23/2014	Date of Injury:	05/07/2001
Decision Date:	11/14/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 Orthopedic Surgery 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:

This is a 71-year-old male claimant with reported industrial injury of 5/7/01. Exam note 4/23/14 demonstrates patient presents with constant bilateral knee pain. Examination demonstrates a prior left total knee arthroplasty 8-10 years ago. patient reports clicking and pain as well as tenderness along the iliotibial band and lateral aspect left knee. Physical examination demonstrates flexion and 0-100 degrees, 1+ patellofemoral crepitation and 1+ popping laterally at the insertion site of the iliotibial band. Exam demonstrates radiographs of both knees demonstrate total knee replacement in good position without subsidence. there is no sign of fragmentation noted on plain radiographs. Patient was diagnosed synovitis of left knee with a nonspecific component of iliotibial band tendinitis left knee and left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection with ultrasound guidance times 1 (injection of the joint):

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints

Page(s): 337, 346.

Decision rationale: CA MTUS/ACOEM Chapter 13, pages 337 and 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 4/23/14 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. The request therefore is not medically necessary and appropriate.