

Case Number:	CM14-0091158		
Date Assigned:	07/25/2014	Date of Injury:	11/24/2009
Decision Date:	10/01/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Illinois. 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 reported a work related injury on 11/24/2009. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of chondromalacia of the patella. The past treatment has included synvisc injections and medication. The surgical history and diagnostic studies were not provided for review. Upon examination on 04/30/2014, the injured worker complained of an increase in right knee pain and stated his knee was very painful with sitting and standing. He rated his pain as a 3/10 with medication and a 7-8/10 without medication. The right knee was tender to palpation with full extension and palpable and audible crepitus with full range of motion. Strength to the knee was 5/5 and the sensory exam to the knee was normal. The medications included Tramadol, Omeprazole, and Ibuprofen. The treatment plan included Physical therapy, MRI, and a steroid injection for the right knee. The rationale for the request and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection of Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, cortisone injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Corticosteroid injections.

Decision rationale: The request for steroid injection of right knee is not medically necessary. The California MTUS/ACOEM Guidelines state, invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. More specifically, the Official Disability Guidelines state, corticosteroid injections are recommended for short-term use only. Injections are indicated for documented symptomatic severe osteoarthritis. It was noted that the injured worker was able to complete daily activities such as walking up and down the stairs as a result of pain relief with NSAIDs. The injured worker does not have a diagnosis of osteoarthritis. The criteria for intraarticular injections requires knee pain and at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate (ESR) less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer, and synovial fluid signs. Within the documentation provided, the injured worker only met 2 requirements to meet the criteria for corticosteroid injections, which included being over 50 and crepitus on active motion. The injured worker does not meet the criteria for a corticosteroid injection. There is also no indication that the injured worker's pain was uncontrolled by conservative treatments or interfered with functional activities. Therefore, the request for steroid injection of right knee is not medically necessary.