

Case Number:	CM14-0093584		
Date Assigned:	07/25/2014	Date of Injury:	08/31/1998
Decision Date:	10/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 injured worker is a 52-year-old claimant with an industrial injury reported on 8/31/98. An exam note from 12/20/13 demonstrates right knee range of motion from 0-120 degrees with moderate effusion noted. An exam note from 4/23/14 demonstrates re-evaluation for neck, bilateral shoulder and bilateral knee pain. The report states that the claimant is status post left knee arthroplasty with residual pain in the left quadriceps tendon. The right knee is noted to be painful. The claimant has a knee range of motion from 0-120 degrees. Exam note 7/22/14 demonstrates range of motion from 0-130 degrees with 4/5 motor strength. .

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 336.

Decision rationale: CA MTUS/ACOEM Chapter 13, pages 337, 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The

exam notes from 12/20/13 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. The request therefore is not medically necessary and appropriate.