

Case Number:	CM14-0094935		
Date Assigned:	07/25/2014	Date of Injury:	12/18/2008
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 patient is a 63-year-old female who has submitted a claim for chronic pain, right knee associated with an industrial injury date of 12/18/2008. Medical records from 03/06/2014 to 07/25/2014 were reviewed and showed that patient complained of right knee pain graded 1-4/10 and stiffness. Physical examination of the right knee revealed tenderness upon palpation over the medial and lateral joint line, quadriceps, and tensor fasciae latae. Crepitus was noted. Limited right knee ROM with flexion was noted. McMurray's test was positive. MR arthrogram of the right knee dated 03/25/2013 was unremarkable. Treatment to date has included right knee arthroscopy (08/2009). Utilization review dated 06/13/2014 modified the request for right knee cortisone injection under ultrasound guidance to a right knee cortisone injection only because the submitted review did not specifically address ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Corticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Corticosteroid Injections.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) Knee & Leg Chapter, corticosteroid injections was used instead. ODG states that corticosteroid injections are recommended for short-term use only for osteoarthritis as well as rheumatic disease. According to ODG, intraarticular glucocorticosteroid injections are indicated in cases with documented symptomatic severe osteoarthritis - at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, ESR < 40mm/hr, < 30 minutes of morning stiffness, no palpable warmth of synovium, > 50 years of age, RF less than 1:40 titer, and normal synovial fluid - not controlled adequately by conservative treatments; and is generally performed without fluoroscopic or ultrasound guidance. In this case, physical examination findings revealed only crepitus. The onset of right knee stiffness and duration were not specified. The patient's response to conservative treatment was unclear since documentation of previous therapies and medications were not made available. The patient did not meet the aforementioned criteria for knee cortisone injection based on the available medical records. Moreover, there was no discussion as to why ultrasound guidance was needed. Knee cortisone injection is generally performed without ultrasound guidance as stated in the referenced guidelines. Therefore, the request for Right knee cortisone injection under ultrasound guidance is not medically necessary and appropriate.