

Case Number:	CM14-0097157		
Date Assigned:	07/28/2014	Date of Injury:	08/22/2007
Decision Date:	11/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 Emergency Medicine and is licensed to practice in New York. 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 47-year-old male who was injured on August 22, 2007. The patient continued to experience pain in bilateral knees. Physical examination was notable for decreased range of motion of the left knee, tenderness to medial joint lines bilateral knees, positive McMurray sign bilaterally, normal motor strength bilaterally, and intact sensation to all extremities. MRI showed meniscus tear in bilateral knees. Diagnoses included bilateral knee pain, bilateral medial meniscus injury, and osteoarthritis of the knee. Treatment included surgery, intraarticular steroid injections, and medications. Requests for authorization for steroid injection to the right knee and steroid injection to the left knee were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee steroid injection x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Corticosteroid injections 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 MRI shows meniscus tears bilaterally. There is no documentation of radiographic evidence of osteoarthritis of either knee. Intraarticular steroid injections are indicated symptomatic severe osteoarthritis. There is no indication for the steroid injection. The request is not medically necessary.

Left knee steroid injection x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Corticosteroid injections 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 MRI shows meniscus tears bilaterally. There is no documentation of radiographic evidence of osteoarthritis of either knee. Intraarticular steroid injections are indicated symptomatic severe osteoarthritis. There is no indication for the steroid injection. The request is not medically necessary.