

Case Number:	CM13-0065739		
Date Assigned:	01/03/2014	Date of Injury:	04/27/2010
Decision Date:	04/03/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 32 year old male, who sustained an industrial injury on 4/27/10. The injured worker has complaints of persistent right knee pain and his right knee gives out intermittently with a recent fall. Magnetic Resonance Imaging (MRI) of the right knee 7/22/13 post arthrogram showed absent posterior horn of the lateral meniscus, which may represent postoperative changes of partial meniscectomy. The diagnoses have included knee sprain; knee pain; low back pain; chronic pain and knee capsulitis. According to the utilization review performed on 12/3/13, the requested joint injection right knee has been non-certified. California Medical Treatment Utilization Schedule (MTUS) Knee Complaints; American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2008; Official Disability Guidelines Knee and Leg Cortisone Injections were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

JOINT INJECTION RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injections.

Decision rationale: ACOEM states that for aspirations and injections of the knee that "Panel interpretation of information not meeting inclusion criteria for research-based evidence." It is a D recommendation. ODG states "Recommended for short-term use only." The ODG criteria are listed below. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance; Absence of synovitis, presence of effusion preferred (not required); Aspiration of effusions preferred (not required); Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three The treating physician has not provided documentation to meet at least 5 of the above criteria to justify a knee injection at this time. As such, steroid injection of the right knee is not medically necessary. As such, the request for a joint injection right knee is not medically necessary.