MAXIMUS Federal Services

Case Number:	CM14-0182848		
Date Assigned:	11/07/2014	Date of Injury:	12/05/2012
Decision Date:	03/25/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female with an industrial injury dated 12/05/2012. Her diagnoses include right knee enthesopathy, and right knee strain/sprain. Recent diagnostic testing has included a MRI of the right knee (03/07/2014) showing status post partial lateral meniscectomy with probable tear of the remaining lateral meniscus. He has been treated with surgery to the right knee, conservative care, medications, and physical therapy. In a progress note dated 09/11/2014, the treating physician reports right knee pain rated 7/10 and described as sharp, stabbing and constant with radiation to the right leg, and difficulty sleeping. The objective examination revealed limited range of motion. The treating physician is requesting steroid injection to the right knee and shock wave therapy to the right knee which were denied by the utilization review. On 10/06/2014, Utilization Review non-certified a request for injection-steroid to the right knee, noting the absence of documentation that the injured worker has osteoarthritis of the knee. The ODG Guidelines were cited. On 10/06/2014, Utilization Review non-certified a request for shockwave therapy to the right knee, noting the absence of documented medical necessity for this modality/treatment for chondromalacia, and the number of treatments requested was not specified. The ODG Guidelines were cited. On 11/03/2014, the injured worker submitted an application for IMR for review of injection-steroid to the right knee and shockwave therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection- Steroid, Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Corticosteroid injections

Decision rationale: Regarding the request for steroid injection, CA MTUS does not identify indications for this procedure in the knee. ODG notes that it is indicated for 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: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) 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 (agglutination method); 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. Within the documentation available for review, the criteria outlined above have not been met. In light of the above issues, the currently requested steroid injection is not medically necessary.

Shockwave Therapy, Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: Regarding the request for shockwave therapy, CA MTUS does not address this treatment for the knee. ODG notes that it is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. Within the documentation available for review, there is no documentation of a supported condition for its use and failure of conservative management. In light of the above issues, the currently requested shockwave therapy is not medically necessary.