

Case Number:	CM14-0186463		
Date Assigned:	11/14/2014	Date of Injury:	08/14/2001
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 is a 61-year-old male with a work related injury dated August 14, 2001 in which his left knee was injured with chronic left knee pain since that injury. The original diagnosis was a left knee sprain. History of treatment has included pain management, a non-hinged knee brace, left knee arthroscopic surgery, steroid injections and viscosupplementation series. The documentation of the treating physician visit dated September 29, 2014 reflected a chief complaint of left knee pain rated six on a scale of 10 and is consistent with visit on June 3, 2014. The work also reported some instability over the left knee while ambulating. An X-ray dated August 19, 2014 revealed significant joint space narrowing over the medial tibiofemoral compartment, some sclerotic changes as well as spur formation in the joint space. Physical examination documented active flexion of left knee 120-degrees with the endpoint of flexion resulting in pain and discomfort. The active extension of the left knee was zero degrees. Strength in the left lower extremity was rated four on a scale of five. There was a mild tenderness over the medial patellofemoral joint space. Gross crepitus observed upon palpation of the left knee as it was passively flexed and extended. Diagnoses at this visit was status post left knee arthroscopy, left knee internal derangement clinically and left knee pain. The worker was authorized to return not work with restrictions of no repetitive climbing or kneeling. Treatment recommended medication safety with no new medications ordered, a left hinged knee brace, chiropractic and physiotherapy three times per week for four weeks and a steroid injection into the right knee. The utilization review documentation dated October 15, 2014 reflected the steroid injection of the left knee was non-certified. The rationale for non-certification was based on the ODG that states criteria for steroid injections include documentation of symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology, which required knee pain and

at least five other symptoms. The review stated that the documentation did not support the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection to The Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 61 year old male has complained of left knee pain since date of injury 8/14/2001. He has been treated with physical therapy, medications, steroid injection, chiropractic therapy and viscosupplementation injections. The current request is for steroid injection left knee. Per the MTUS guidelines cited above, invasive techniques in the treatment of chronic knee pain such as needle aspirations and cortisone injections are not recommended. On the basis of the above cited MTUS guidelines and available medical documentation, steroid injection of the left knee is not indicated as medically necessary.