

Case Number:	CM14-0188756		
Date Assigned:	11/19/2014	Date of Injury:	09/14/2012
Decision Date:	01/12/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old male with an injury date of 09/14/12. The 09/22/14 handwritten and partially illegible progress report states that the patient presents post right knee arthroscopy and synovectomy 06/26/14 with mild to moderate throbbing, aching pain rated 4-5/10 with continued numbing tingling sensation. The patient is partially totally disabled effective 09/24/14 until further notice. Examination shows trace swelling "LJ", "LT" 4/5 strength stable quad atrophy greater than 2 cm. The patient's diagnosis from the 08/11/14 progress report is Right knee synovitis. The 06/26/14 operative report for right knee arthroscopy, synovectomy and lateral meniscus repair is included. Physical therapy reports from 12/17/13 to 03/25/14 for postoperative treatment of the knee are included. The utilization review being challenged is dated 10/23/14. The rationale regarding treatment of the lumbar spine is that there are no subjective complaints or objective examination of back complaints. The rationale regarding Cortisone injection is that there is no evidence of advanced osteoarthritic change and the patient does not meet exam criteria. Reports were provided from 12/04/13 to 09/22/14. Most reports are handwritten and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request to Treat Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Approaches History and Physical Examination, Pain Outcomes and Endpoints Page(s): 6, 8.

Decision rationale: The patient presents with right knee pain rated 4-5/10 post right knee arthroscopy and synovectomy 06/26/14. The treater requests to treat lumbar spine per 09/22/14 Request for Authorization. MTUS Assessment Approaches History and Physical Examination page 6 states, "A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior." In this case none of the reports provided discuss lumbar spine complaints in this patient and there are no objective examination findings provided for the lumbar spine. MTUS page 8 also states that the physician must monitor the patient's progress and make appropriate recommendations. The request to Treat Lumbar Spine is not medically necessary.

Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Corticosteroid injections

Decision rationale: The patient presents with right knee pain rated 4-5/10 post right knee arthroscopy and synovectomy 06/26/14. The treater requests for Cortisone Injection per 09/22/14 Request for Authorization for a diagnosis of synovitis. The Request for Authorization states, "Given in office 09/22/14." ODG, Knee & Leg Chapter, Corticosteroid injections, states, "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." Criteria include: Over 50 years of age and absence of synovitis. The most recent report provided is dated 09/22/14 and does not discuss this request. Presumably, the request is for the right knee; however, this is not stated. In this case, the reports do not show a diagnosis of osteoarthritis in this patient per ODG. There is a diagnosis of synovitis and ODG criteria specifically state, "Absence of synovitis, presence of effusion preferred (not required)". The request for Cortisone Injection is not medically necessary