

Case Number:	CM14-0188812		
Date Assigned:	11/19/2014	Date of Injury:	08/22/2014
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
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 Family Medicine 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:

This patient is a 74 year old female who sustained a work related injury on 8/22/2014, after she struck a crack in the sidewalk, falling forward, with injury to the left hand, right shoulder and knee, and left knee. The diagnosis includes contusion of the knee, patellofemoral syndrome. Per the doctor's note dated 11/3/2014, she had complaints of left knee pain. The physical examination of the left knee revealed anterior tenderness with tenderness to compressing and palpating the patella, range of motion 0 to 125 degrees; negative anterior drawer. Per the doctor's note dated 9/17/2014, she had improved left knee pain and swelling. The physical examination revealed minimal tenderness to the superior pole of the patella, no swelling, gait normal, quadriceps strength 5/5, and range of motion 0-130 degrees. The medications list includes levothyroxine, prozac, vitamins and minerals. Past medical history included a diagnosis of hypothyroidism. She has had X-ray of the patella which revealed no acute fracture. She has had over the counter analgesics and ice therapy for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injection of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), KNee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);
Chapter: Knee & Leg (updated 10/27/14) Corticosteroid injections

Decision rationale: Per the cited guidelines "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated." Per the ODG, Corticosteroid injections is "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." In addition per the cited guidelines "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." Evidence of symptomatic severe osteoarthritis of the knee is not specified in the records provided. Response to conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. A lab report documenting Erythrocyte sedimentation rate (ESR) less than 40 mm/hr is not specified in the records provided. Prior diagnostic study reports with evidence of severe osteoarthritis of the knee are not specified in the records provided. The medical necessity of for Corticosteroid injection of the left knee is not fully established for this patient.