MAXIMUS Federal Services

Case Number:	CM14-0188871		
Date Assigned:	11/19/2014	Date of Injury:	11/30/2011
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 54 year-old female with a history of a work injury occurring on 11/30/11 when, while working as a lab assistant and walking to her car, she tripped and fell landing on her right knee, hand, and face. She had ongoing knee pain and underwent arthroscopic surgery with a meniscectomy with chondroplasty in July 2012. She was seen on 09/02/14. Her height was given as 5 '3" and weight 200 pounds. She was having knee pain rated at 2-7/10. She has symptoms of popping, and catching. She had the sensation of near locking when walking. Physical examination findings included decreased range of motion with medial joint line tenderness, patellofemoral crepitus, and difficulty transitioning positions. Authorization for an ultrasound guided aspiration with right knee injection was requested. On 09/23/14 she was having ongoing symptoms. Pain was rated at 4/10 with medications and 6/10 without medications. She had an antalgic gait with decreased right knee range of motion. There was right knee tenderness and positive patellar grind testing. Medications were continued. She was to continue performing a home exercise program. She was noted to be working part-time. On 10/23/14 she pain was rated at 6/10. Physical examination findings included an antalgic gait with a moderate joint effusion. There was joint line tenderness with decreased range of motion and patellofemoral crepitus. Patellar grind testing and McMurry testing was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspiration and cortisone injection under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and leg

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 (Acute & Chronic), Corticosteroid injections

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic right knee pain. Treatments have included arthroscopic knee surgery. When seen by the requesting provider she had a moderate joint effusion. Applicable criteria that are met in this case for an Intraarticular knee corticosteroid injection include knee pain, crepitus, age greater than 50, an absence of findings of inflammatory arthropathy such an elevated sedimentation rate, and symptoms not controlled adequately by recommended conservative treatments. Although generally performed without fluoroscopic or ultrasound guidance, the use of ultrasound is not prohibited and would be expected to ensure proper needle placement. The claimant is obese and aspiration / injection of the knee could be technically difficult. Therefore, the request is medically necessary.