

Case Number:	CM14-0188939		
Date Assigned:	11/19/2014	Date of Injury:	02/04/2010
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 41 year old male who sustained an industrial injury to his left foot, left knee, left shoulder and the lower back when a cast iron pipe fell on his left foot on 2/4/2010. He underwent surgery on his left knee including a lateral release, excision of a cyst, and tricompartmental chondroplasties (date not provided). On June 4, 2014 he developed severe pain in the left knee rated 8/10 with swelling of the leg and red and blue hue with increased sensitivity. Complex Regional Pain Syndrome 1 was diagnosed. A left lumbar sympathetic block was performed on 7/7/2014 with 90 percent improvement. His knee pain persisted and viscosupplementation was performed in September (date not provided). A week later he presented on 9/23/2014 with a painful large effusion of the left knee. He was walking stiff-legged with the leg externally rotated using a cane and a brace on his knee. On examination there was a large effusion under tension with slight warmth and slight erythema. The knee was aspirated and 125 cc of yellow slightly cloudy fluid was obtained. Pain management notes of the next day indicate a follow-up visit for CRPS1. The swelling of the leg was improved, hypersensitivity was improved, hyperhidrosis was resolved, but range of motion of the knee was still decreased. A request for Retro aspiration of the left knee (9/23/2014) was non-certified by Utilization Review stating that conservative care with medication and ice was not documented and as such medical necessity of the knee aspiration had not been substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Aspiration for the Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 330, 339.

Decision rationale: The injured worker had undergone a lateral release for patellofemoral malalignment and chondromalacia and was complaining of chronic knee pain due to progressive degenerative changes status post tricompartmental chondroplasties. The notes document a knee effusion and no evidence of infection in the prepatellar bursa or subcutaneous space that would be a contraindication to arthrocentesis. Aspiration of the fluid was clearly indicated not only for comfort but also to make a quick diagnosis with regard to a possible infection or allergic reaction to the synvisc. The slight warmth and slight erythema reported with a painful effusion and difficulty moving the knee due to pain indicates a potential red flag of possible infection per California MTUS guidelines (pages 330 and 339). Ice packs or analgesics as suggested by UR do not relieve pain caused by capsular distention of the knee. The guidelines on page 339 indicate "a high rate of recurrence of effusions after aspiration but the procedure may be worthwhile in cases of large effusions". According to guidelines aspiration may be needed to rule out infection, but it is more likely to be needed for comfort. Based upon these guidelines the left knee aspiration is appropriate and medically necessary.