

<b>Case Number:</b>	CM14-0198765		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 64-year-old female, who sustained an industrial injury on 2/5/2010. The current diagnosis is left knee pain. Currently, the injured worker complains of constant left knee pain. Current medications are Norco and Tylenol. The physical examination of the left knee reveals diffuse pain, positive patellofemoral crepitus and grind sign, and knee flexion of 130 degrees. The treating physician is requesting retrospective cortisone injection (DOS 8/2/2014), which is now under review. On 10/29/2014, Utilization Review had non-certified a request for retrospective cortisone injection (8/2/2014). The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints

Page(s): 338.

**Decision rationale:** The ACOEM chapter on knee complaints states : Invasive techniques, such as needle aspiration of effusions or prepatellarbursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. The requested service is not routinely recommended as a treatment option for knee pain and is therefore not certified.