

Case Number:	CM14-0200248		
Date Assigned:	12/10/2014	Date of Injury:	11/06/2009
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 sustained a work-related injury on November 6, 2009. Subsequently, the patient developed a chronic left knee pain. According to a progress report dated on September 27, 2014, the injured worker was complaining of left knee and low back pain with a severity rated 8/10. The physical examination demonstrated left knee instability with tenderness and reduced range of motion, positive straight leg raise bilaterally and weakness. The injured worker was diagnosed with lumbar disc disease and left knee internal derangement. The provider requested authorization for left knee cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to MTUS guidelines, there is no strong evidence cortisone knee injection. Knee cortisone injection could be used in case of osteoarthritis. However, there is no

documentation or evidence that the patient has osteoarthritis. Therefore, the request for Cortisone injection to the left knee is not medically necessary.