

<b>Case Number:</b>	CM14-0207298		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 17, 2012. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for a postoperative injection (unspecified). The applicant had a history of ongoing right knee pain status post earlier knee surgery. Progress notes of October 26, 2014 and October 30, 2014 were referenced in the rationale. A handwritten progress note of October 26, 2014 was noted. The note was difficult to follow, not entirely legible, notable for comments that the applicant reported ongoing complaints of knee pain status post earlier knee surgery. An orthopedic follow-up visit and a neurology follow-up visit were endorsed, along with an extremely proscriptive 3-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. In an October 20, 2014 RFA form, a postoperative knee injection and postoperative knee MRI were endorsed, without any supporting rationale or narrative commentary. The stated diagnosis was that of right knee strain. On September 24, 2014, the applicant reported issues with right knee pain and left middle finger pain. The applicant had undergone earlier knee surgery, which was unhelpful. 5-8/10 knee pain was appreciated, exacerbated by walking, lifting, pushing, and pulling. The applicant was using naproxen with some benefit. The applicant exhibited a normal gait with well-healed surgical scars noted about the injured knee. Tenderness was noted about the medial joint line. An orthopedic consultation was endorsed. An extremely proscriptive three-pound lifting limitation was also sought. In a Medical-legal Evaluation of August 15, 2014, it was suggested that the applicant was working with limitations in place after having ultimately returned to work in April 2013. The applicant had undergone knee surgery in July 2012.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Injection (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg, Pain

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as cortisone injections are "not routinely indicated." Here, the attending provider seemingly sought authorization for an unspecified knee injection on October 29, 2014. It was not clearly stated whether the request represented corticosteroid injection, viscosupplementation injection, or some other form of knee injection. The article in question was seemingly sought via an October 29, 2014 RFA form, with little-to-no narrative commentary to augment the tepid ACOEM position on the article at issue. Therefore, the request is not medically necessary.