

Case Number:	CM14-0217131		
Date Assigned:	01/07/2015	Date of Injury:	09/01/1982
Decision Date:	07/23/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained an industrial injury on September 1, 1982. He has reported a right knee injury and has been diagnosed with cephalgia, cervical spine strain with electrodiagnostic evidence of a C5 radiculopathy, impingement syndrome of bilateral shoulders, chronic sprain, bilateral elbows, degeneration and chronic sprain, bilateral wrists and hands, lumbosacral spine strain with radicular pain, severe degeneration both knees, chronic sprain, bilateral ankles, and plantar fasciitis. Treatment has included medical imaging, chiropractic care, physical therapy, and surgery. Examination of the right knee revealed significant tenderness with a healed scar. There was diffuse tenderness to the left knee, There was diffuse tenderness and swelling to the right and left ankle. There was plantar arch pain to the right and left foot. The treatment request included 2 injections of Kenalog and 2 injections of lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Injection of Kenalog: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 has a remote history of a work injury occurring in 1982 and continues to be treated for chronic pain affecting multiple joints. In December 2010 he had bilateral knee tenderness with decreased range of motion and right patellofemoral crepitus. Imaging results included medial compartment osteoarthritis. The claimant's height was 6 feet, 4 inches and weight 265 pounds which corresponds to a BMI of 32.3 and a diagnosis of obesity. When seen recently, there was bilateral knee pain. Being requested is authorization for bilateral corticosteroid injections. Applicable criteria that are met in this case for an intraarticular knee corticosteroid injection include knee pain, crepitus, an absence of findings of inflammatory arthropathy such as an elevated sedimentation rate, and symptoms not controlled adequately by recommended conservative treatments. In this case, the claimant has advanced osteoarthritis of the knees and is obese. The request was medically necessary.

2 Injection of Lidocaine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 has a remote history of a work injury occurring in 1982 and continues to be treated for chronic pain affecting multiple joints. In December 2010 he had bilateral knee tenderness with decreased range of motion and right patellofemoral crepitus. Imaging results included medial compartment osteoarthritis. The claimant's height was 6 feet, 4 inches and weight 265 pounds which corresponds to a BMI of 32.3 and a diagnosis of obesity. When seen recently, there was bilateral knee pain. Being requested is authorization for bilateral corticosteroid injections. Applicable criteria that are met in this case for an intraarticular knee corticosteroid injection include knee pain, crepitus, an absence of findings of inflammatory arthropathy such as an elevated sedimentation rate, and symptoms not controlled adequately by recommended conservative treatments. In this case, the claimant has advanced osteoarthritis of the knees and is obese. The request was medically necessary.