

Case Number:	CM14-0040950		
Date Assigned:	06/27/2014	Date of Injury:	05/28/2009
Decision Date:	01/05/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 40 year old with an injury date on 5/28/09. Patient complains of moderate-severe, persistent low lumbar pain, neck pain, gluteal area pain, bilateral leg/thigh pain, right knee pain, with radiating pain into right ankle/calf/foot per 2/25/14 report. The right knee pain/stiffness has worsened since patient had been weaned off Norco per 2/25/14 report, with pain rated 7/10 with medication and 8/10 without medication. Based on the 2/25/14 progress report provided by the treating physician, the diagnoses are:1. headache2. neck pain3. thoracic sprain4. lower back pain5. adhesive capsulitis of left shoulder6. pain in right knee7. myalgia and myositis, unspecifiedExam on 2/25/14 showed "antalgic gait." L-spine range of motion was limited per 2/7/14 report. No range of motion testing of the knee was included in reports. Patient's treatment history includes medication (Norco), multiple injections for the L-spine and left shoulder. The treating physician is requesting retrospective request for the right knee injection. The utilization review determination being challenged is dated 3/7/14 and denies request due to lack of clinical findings to support the requested injection. The requesting physician provided treatment reports from 3/15/13 to 4/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for right knee injection DOS:2/25/14: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter. Topic: Cortisone Injection

Decision rationale: This patient presents with back pain, buttock pain, neck pain, bilateral thigh pain, right knee pain, and right ankle/calf/foot pain. The treater has asked for RETROSPECTIVE REQUEST FOR THE RIGHT KNEE INJECTION on 2/25/14. Treater planned to inject right knee with corticosteroid "to make sure his knee is not a pain generator, and to see if it alleviates his symptoms. His prior orthopedist thought he has a surgical knee" per 1/23/14 report. Regarding cortisone Injections for the knee, ODG recommends for short-term use only. Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three. In this case, the patient's knee has not responded to conservative modalities. Treater is requesting a cortisone injection to determine if the right extremity pain is originating from the knee, which is reasonable and within ODG guidelines for patient's persistent right leg pain. Recommendation is for authorization.