

Case Number:	CM14-0058628		
Date Assigned:	09/12/2014	Date of Injury:	07/30/2012
Decision Date:	01/31/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine 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 38 year old female with an injury date on 7/30/12. The patient complains of worsening pain in the right knee/leg, associated with weakness and constant in frequency per 11/20/13 report. The patient also complains of low lumbar pain and hip pain and spasms due to abnormal gait and weight shift, with pain rated 8-9/10 at most severe, 5 at its best with medications per 11/20/13 report. The patient has just finished a course of physical therapy and is doing a home exercise program but pain is not improving per 10/18/13 report. Based on the 11/20/13 progress report provided by the treating physician, the diagnoses are: 1. unspecified internal derangement of knee 2. unspecified derangement of ankle and foot joint A physical exam on 11/20/13 showed "C-spine range of motion is full. L-spine range of motion is full. Right knee range of motion is full, but tenderness to palpation over lateral joint lines on the right." The patient's treatment history includes medications, physical therapy, home exercise program. The treating physician is requesting right knee steroid injection. The utilization review determination being challenged is dated 4/17/14. The requesting physician provided treatment reports from 10/18/13 to 2/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Steroid Injection: Overturned

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

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: Cortisone Injection

Decision rationale: This patient presents with right knee/leg pain, lower back pain, hip pain. The treating physician has asked for Right Knee Steroid Injection on 11/20/13. Review of the reports do not show any evidence of cortisone injections for the knee being done in the past. MRI of the right knee shows positive findings for degeneration of posterior horn of the medial meniscus and narrowing of the lateral knee joint space. The patient is yet to have an orthopedic consultation, but the treating physician is recommending a possible future knee surgery per 11/20/13. 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, including medication, physical therapy, and a home exercise program. The treating physician is requesting a cortisone injection to delay surgery, which is reasonable and within ODG guidelines for patient's persistent knee pain. The request is medically necessary.