MAXIMUS Federal Services

Case Number:	CM15-0004607		
Date Assigned:	01/15/2015	Date of Injury:	07/24/2011
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on July 24, 2011. She has reported a fall onto her right side resulting in left bursitis and left medial meniscus tear. The diagnoses have included left bursitis and medial meniscus tear. Treatment to date has included left knee arthroscopy, physical therapy, pain medication and bursal injections. Currently, the injured worker complains of knee pain due to a work injury and post-operative for knee arthroscopic surgery. The injured worker continued to use pain medication for pain management and used crutches for ambulation. The quality of her pain was described as aching and the duration is constant. The severity of symptoms was moderate with significant limitations and her pain radiates to the thigh and the leg. The pain is aggravated by standing, walking, kneeling and squatting. Her condition is recovering slower than expected. An MRI of the knee on 4/7/2014 revealed a linear increased signal in the posterior horn of the medial meniscus and a knee joint effusion. The evaluating physician noted that he injured worker was not showing progress with conservative measures and recommended a pes anserine bursal injection. On December 12, 2014 Utilization Review non-certified a request for Pes Anserine Bursal injection of the left knee - Marcaine 2 ml, lidocaine 2 ml, DepoMedrol 1 ml, noting that there is a lack of documentation illustrating the injured worker's previous conservative care and the function or failure of such. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of Pes Anserine Bursal injection of the left knee - Marcaine 2 ml, lidocaine 2 ml, and DepoMedrol 1 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Major Joint injection to the (knee) Marcaine 2cc lidocaine 2cc Depo-Medrol 1cc: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints

Decision rationale: Major Joint Injection to the knee Marcaine 2 cc lidocaine 2 cc Depo-Medrol 1cc is not medically necessary. CA MTUS guidelines references ODG and states that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a joint injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines recommend at least 2-3 weeks of conservative therapy prior to attempting steroid injections of the shoulder. There is lack of documentation of failed conservative therapy; therefore, the requested service is not medically necessary.