MAXIMUS Federal Services

Case Number:	CM15-0102965		
Date Assigned:	06/05/2015	Date of Injury:	08/27/2011
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 27, 2011. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve request for a knee corticosteroid injection. The claims administrator referenced an April 30, 2015 RFA form and office visit of April 3, 2015 in its determination. The applicant's attorney subsequently appealed. On April 3, 2015, the applicant reported ongoing complaints of knee and low back pain, 7/10 with medications to 9/10 without medications. The applicant was using Norco, Cymbalta, fluconazole, Mobic, Bactrim, and Tylenol, it was reported. The applicant's BMI was 23. Multifocal complaints of neck, mid back, low back, and knee pain were reported. The applicant reportedly had knee degenerative joint disease, it was reported. The applicant had had a previous left knee steroid injection, it was reported. A repeat left knee steroid injection was sought. The applicant had also had an earlier epidural steroid injection, it was reported. The note was difficult to follow and mingled historical issues with current issues. It did not appear that the applicant was working with permanent limitations imposed by a medical-legal evaluator. The applicant's overall activity level was unchanged, it was reported. On March 10, 2015, the applicant was reportedly using a knee brace and/or cane to move about. It was stated that the applicant's previous knee injection was beneficial by 75%. This was not elaborated or expounded upon, however. It was then stated that the applicant was intent on pursuing knee surgery. The applicant was not given a specific diagnosis involving the knee. The attending provider stated that he suspected internal derangement of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: No, the request for a left knee corticosteroid injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 329, invasive techniques such as the knee cortisone injection at issue are "not routinely indicated." Here, the attending provider failed to furnish a compelling rationale to support pursuit of the knee cortisone injection in the face of the tepid-to-unfavorable ACOEM position on the same. The applicant's primary operating diagnosis involving the knee was not clearly justified. A previous knee cortisone injection had failed to improve the applicant's gait. The applicant was still using a cane to move about; it was reported on March 6, 2015. The previous knee corticosteroid injection, while apparently generating transient relief, had failed to curtail the applicant's dependence on opioid agents such as Norco. It was not stated how may previous knee corticosteroid injections the applicant had or had not had. The attending provider did not clearly establish whether the applicant's operating diagnosis involving the knee was degenerative joint disease (DJD) or suspected internal derangement. All of the foregoing, taken together, did not make a compelling case for pursuit of repeat cortisone injection for the knee and further suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of an earlier unspecified number of knee cortisone injections. Therefore, the request was not medically necessary.