

Case Number:	CM15-0104397		
Date Assigned:	06/08/2015	Date of Injury:	08/02/2013
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 48 year old male with an industrial injury dated 09/12/2013; cumulative trauma 08/02/2011 to 08/02/2013. His diagnoses included sprain/strain lumbar spine radiculitis/radiculopathy, left and right knee strain internal derangement status post arthroscopy, left and right ankle sprain and cephalgia. He presented on 03/10/2015 with pain in the neck with radicular symptoms into the right and left arm. He also complained of pain in the lower back with radicular symptoms into the right and left leg. Physical exam revealed positive foraminal compression test and positive Spurling' test. Lumbar spine exam revealed tightness and spasm in the lumbar paraspinal musculature. There was tenderness in bilateral knees. The provider documented MRI of the left knee with arthrogram dated 02/25/2015 showing grade III tear involving body posterior horn of the medial meniscus. MRI of the right knee with arthrogram showed tear of anterior horn of the lateral meniscus. The current request is for ultrasound guided corticosteroid injection of the right knee # 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection of the Right Knee, QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ODG- knee chapter and injection pg 19.

Decision rationale: According to the guidelines, Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). According to the ACOEMN guidelines, injections are optional. In this case, the claimant did not meet the criteria nor have a diagnosis of arthritis. Exam findings did not indicate any effusion. Response to one injection is not known to justify a request for 2 injections. The request for 2 knee injections is not medically necessary.