

Case Number:	CM15-0109817		
Date Assigned:	06/16/2015	Date of Injury:	06/12/2014
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 6/12/14. He reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee internal derangement with meniscal tear. Treatment to date has included chiropractic therapy; medications. Diagnostics included MRI right knee (8/2014); X-rays right knee (11/25/14). Currently, the PR-2 notes dated 4/24/15 indicated the injured worker complains of severe intractable right knee pain due to meniscal tear and internal derangement. He was recommended for surgical intervention but this has not authorized. He is relying on a cane for ambulation as well as oral pain medication for help in his daily function and control of his pain. He rates his pain as 6-7/10 with medication. He is on Tylenol #3 twice a day and uses topical compound cream flurbiprofen. PR-2 notes dated 11/25/14 was an orthopedic consultation. The injured worker complained of right knee and tibial pain. Physical examination revealed positive for fluid swelling in his extremities. The exam notes normal bilateral lower extremity neurovascular status, 5/5/ strength in all major muscle groups to hip extension, hip flexion, knee flexion, knee extension, dorsiflexion, plantar flexion. He has decreased range of motion in the knee, flexion to 120 degrees, extension to 0 degrees, crepitus with range-of motion, pain at extremities of motion, stable to varus and valgus stresses, stable anterior and posterior stresses. X-rays demonstrate some joint space narrowing in the medial compartment. A MRI from August 2014 demonstrates a medial meniscus tear as well as some cartilage abnormalities as well as possible subacute stress reaction in the medial tibial plateau. Using ultrasound guidance, the provider administered a right knee cortisone injection at that time. The PPR-2 dated 4/24/15 has a treatment plan that requests authorization of a right knee cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Corticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections.

Decision rationale: This patient presents with right knee pain. The current request is for Right knee cortisone injection. The RFA is dated 04/24/15. Treatment to date has included chiropractic therapy, physical therapy and medications. The patient is currently not working. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease... 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." X-rays demonstrated joint space narrowing in the medial compartment and MRI from August 2014 demonstrated a medial meniscus tear as well as some cartilage abnormalities and possible subacute stress reaction in the medial tibial plateau. This patient has a date of injury of June 2014 and continues to complain of severe intractable right knee pain. Physical examination revealed positive for fluid swelling in his extremities. He has decreased range of motion in the knee, flexion to 120 degrees, and extension to 0 degrees. There is crepitus with range-of motion, and pain at extremities of motion. There is no indication of prior corticosteroid injections to the knee. In this case, x-ray showed medial joint compartment osteoarthritis and ODG allows for Corticosteroid injections for patient with osteoarthritis knee pain. In addition, the reports show the patient has failed conservative treatment and the patient's function is limited. The request IS medically necessary.