

Case Number:	CM15-0017836		
Date Assigned:	02/05/2015	Date of Injury:	11/13/1998
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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, Hawaii
 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:

This 43 year old man sustained an industrial injury on 11/13/1998 to his left knee after a chair fell and hit his left knee while he was cleaning a carpet. Current diagnoses include left knee internal derangement, medical meniscus derangement, chondromalacia, osteoarthritis, and diabetes. Treatment has included oral medications. Physician notes dated 12/16/2014 show restricted daily activity with a pain rating of 6/10 for the right knee. Recommendations include continuing medications, and future treatment including home exercise program. On 12/31/2014, Utilization Review evaluated a prescription for left knee cortisone injection under fluoroscopy and ultrasound guidance, that was submitted on 1/26/2015. The UR physician noted the worker did not meet the required five criteria for severe osteoarthritis of the knee. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Cortisone Injection under Fluoroscopy and Ultrasound Guidance between 12/29/14 and 2/12/15.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Corticosteroid injections.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for 1 Left Knee Cortisone Injection under Fluoroscopy and Ultrasound Guidance between 12/29/14 and 2/12/15. The requesting treating physician report was not found in the medical records provided. A report dated 12/16/14 (21B) notes that the patient had a diagnosis of Osteoarthritis of the knee. The MTUS guidelines do not address the current request specifically. The ODG has the following regarding corticosteroid injections of the knee: "Recommended for short-term use only." The ODG goes on to states, "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)" In this case, there is no evidence of severity of osteoarthritis of the knee in the medical reports provided and 5 out of 9 of the criteria were not documented in the patient's physical examination. The current request does not satisfy the ODG guidelines and is not medically necessary. The recommendation is for denial.