

Case Number:	CM15-0018991		
Date Assigned:	02/06/2015	Date of Injury:	10/04/2012
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 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 53-year-old male who reported an injury on 10/04/2012. The mechanism of injury was not specifically stated. The current diagnoses include pain in a limb and pain in a joint. It is also noted that the injured worker is status post right knee arthroscopy with partial medial meniscectomy and chondroplasty on 05/09/2014. The injured worker presented on 01/15/2015 for a follow-up evaluation with complaints of right knee pain. The injured worker also reported right knee stiffness and swelling. Upon examination, there was mild pain with medial and lateral stressing of the right knee. The right knee did not appear swollen when compared to the left. Authorization for a cortisone injection was recommended. The injured worker was also issued a prescription for Motrin 800 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee and leg chapter.

MAXIMUS 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 Chapter, Corticosteroid injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration and cortisone injections, are not routinely indicated. The Official Disability Guidelines recommend corticosteroid injections when there is evidence of symptomatic severe osteoarthritis of the knee. There should be documentation of a failure to respond to conservative treatment including exercise, NSAIDs, or acetaminophen. In this case, there was no documentation of a significant functional limitation. There was no evidence of symptomatic severe osteoarthritis upon examination. There was also no mention of a recent attempt at exercise therapy. Given the above, the request is not medically appropriate at this time.