

Case Number:	CM15-0130669		
Date Assigned:	07/17/2015	Date of Injury:	08/19/2014
Decision Date:	08/12/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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 40 year old male, who sustained an industrial injury on 8/19/2014. Diagnoses include medial meniscus tear. Treatment to date has included surgical intervention (right knee partial medial menisectomy (PMM) and plica excision) as well as conservative measures including medications and physical therapy. Magnetic resonance imaging (MRI) of the right knee dated 9/18/2014 revealed a tear of the posterior horn of the medial meniscus. Per the handwritten Primary Treating Physician's Progress Report dated 6/09/2015, the injured worker reported continued pain 7 months status post surgery of the right knee. Physical examination revealed tenderness to palpation and full range of motion. The plan of care included, and authorization was requested on 6/19/2015 for a right knee cortisone injection and post injection physical therapy 2-3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter: Corticosteroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: According to the guidelines, injections of the knee are considered optional . In addition, the ODG guidelines recommended injections for short-term management of arthritis. 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); 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; Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance; Absence of synovitis, presence of effusion preferred (not required); Aspiration of effusions preferred (not required); Aspiration of effusions preferred (not required); In this case, the claimant was not diagnosed with arthritis. The injections provide only short-term relief and are considered an option. The request for steroid injections is not medically necessary.

Post-injection physical therapy 2-3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter: Physical medicine treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 54.

Decision rationale: According to the guidelines, post-injection therapy for arthropathy is recommended up to 1 -2 visits. In this case, there was no indication that therapy/exercises cannot be completed at home. In addition, the injection requested above is not medically necessary. Therefore, the request for the therapy is not medically necessary.