

Case Number:	CM15-0131288		
Date Assigned:	07/17/2015	Date of Injury:	04/04/2010
Decision Date:	08/13/2015	UR Denial Date:	07/01/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 4/4/10. The injured worker has complaints of low back pain with tingling and numbness that extends into both legs. The documentation noted on physical examination marked paralumbar tenderness is greater on the right with hypertonia and the paraspinal muscles in this region and tenderness extending into the right sciatic notch and straight leg raising is positive on the right side at 5 degrees. The documentation noted moderate bilateral muscle guarding is present in the paralumbar region and there is considerable medial and lateral joint line tenderness. The diagnoses have included lumbar radiculopathy with discogenic disease maximal at L5-S1 (sacroiliac), worsened and bilateral knee chronic pain with patellofemoral arthrosis. Treatment to date has included norco; vicodin; percocet; magnetic resonance imaging (MRI) of the right knee on 9/22/10 showed minimal joint effusion; areas of moderate-to-significant loss of articular cartilage of medial and lateral articulating facet of patella, focal area of mild subchondral erosion in the posterior aspect of the lateral tibial plateau and magnetic resonance imaging (MRI) of the lumbar spine on 5/18/13 showed increased degenerative disc disease at the L5-S1 (sacroiliac) level with more pronounced compression of the exiting left L5 nerve root. The request was for retrospective request for injection tendon/ligament/cyst aponeurosis for (right knee) on date of service 4/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Injection tendon/Ligament/Cyst Aponeurosis for (right knee) on DOS 4/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for low back and right knee pain. An MRI of the right knee in September 2010 included findings of patellar facet cartilage loss. When seen, he was having increased right knee pain and persistent neck and low back pain. His BMI was over 30. There was medial and lateral joint line tenderness. He was requesting a repeat right knee injection which is reported as having been previously substantially beneficial. A Kenalog injection was administered. In terms of a knee injection, a repeat steroid injection may be an option. However, the number of injections should be limited to three. In this case, the number of previous injections is not documented and therefore, this request is not medically necessary.