

Case Number:	CM15-0142750		
Date Assigned:	08/03/2015	Date of Injury:	07/30/2014
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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 53 year old male who sustained an industrial injury on 7-30-14 when he fell from a ladder injuring his left knee. He currently complains of intermittent left knee pain, swelling with activity, sensation of giving way and a pain level of 6 out of 10. On physical exam of the left knee there was medial and lateral joint line tenderness, peripatellar tenderness, swelling and pain with McMurrays' test. He walks with a slight limp (per 6-17-15 note). He was ordered physical therapy but did not attend because he had no transportation. Medications were Flector patch, Relafen. Diagnoses include closed fracture of unspecified part of tibia; knee, leg sprain; lateral meniscus tear; left knee total derangement; tricompartmental synovitis, left knee, status post left knee arthroscopy (4-24-15). Treatments to date include medications. Diagnostics include MRI of the left knee (9-17-14) showed meniscus tear, chondromalacia, left patellar tendinosis, small knee joint effusion. In the progress note dated 6-17-15 the treating provider's plan of care included a request for a corticosteroid injection of the left knee to treat synovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to left knee: 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), Criteria for Intraarticular glucocorticosteroid injections.

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 July 2014 and underwent left knee arthroscopy in April 2015 for treatment of synovitis and a lateral meniscus tear. When seen, he had been unable to attend physical therapy treatments due to transportation. He was having pain, swelling, and stiffness. He had not returned to work. Physical examination findings included a slight limp. There was tenderness with decreased strength and an effusion. Relafen was being prescribed and was continued. Authorization for a corticosteroid injection was requested. Criteria for an intraarticular knee corticosteroid injection include symptoms not controlled adequately by recommended conservative treatments. In this case, when requested, the claimant had not yet attended physical therapy due to transportation issues. Physical therapy had been recommended and would be expected to be an effective treatment for his condition. The requested injection was not medically necessary.