

<b>Case Number:</b>	CM15-0142960		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Emergency Medicine

### 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 61 year old female, who sustained an industrial injury on 12-1-1999. The mechanism of injury is unknown. The injured worker was diagnosed as having left knee moderate osteoarthritis and possible meniscus tear. Magnetic resonance imaging showed left knee osteoarthritis. Treatment to date has included therapy and medication management. In a progress note dated 5-29-2015, the injured worker complains of left knee pain. Physical examination showed left knee decreased range of motion, tenderness and no effusion. The treating physician is requesting Retrospective request for the date of service: 6-15-15 - 1cortisone injection (Marcaine & Depo-Medrol 2cc each) to left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS: 6.15.15) 1 cortisone injection (Marcaine & Depo-Medrol 2cc each) 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, Knee & Leg (Acute & Chronic).

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

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, corticosteroid injections of knees are recommended only under certain criteria. Documentation fails to support criteria. Criteria requires a diagnosis of severe osteoarthritis as per [REDACTED] ( [REDACTED] ) criteria which patient does not meet. Additional criteria failed is that any additional injections are only recommended with documentation of some improvement in pain or function with prior injection. Pt received no benefit from prior knee injection. Cortisone injection of left knee is not medically necessary.