

Case Number:	CM15-0145184		
Date Assigned:	08/06/2015	Date of Injury:	08/20/1998
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, 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 42-year-old female who sustained an industrial injury on 8-20-98. She had complaints of left knee pain. Treatments included conservative care and surgery. Progress report dated 6-17-15 reports complaints of severe left knee pain that is worsening. She is taking ibuprofen for the pain and is doing home exercise program. No other treatment being received. Diagnoses include: lateral meniscus tear and knee osteoarthritis. Plan of care includes: orthopedic consult, physical therapy 2 times per week for 4 weeks, patellar strap, corticosteroid injection, viscosupplementation, meloxicam 15 mg 1 per day, #30. Work status: return to full duty without restrictions. Follow up in 30 days. The patient sustained the injury as a result of kicking a ball. The patient's surgical history include left knee surgery in 1998, 1999 and 2000. The medication list include Ibuprofen and Meloxicam. The patient had received an unspecified number of the PT visits for this injury. The patient has had MRI of left knee that revealed meniscus tear on 7/29/2005 and on 6/11/15. Per the note dated 8/3/15 the patient had complaints of progressive and worsening of left knee pain. Physical examination of the left knee revealed positive McMurray's sign and tenderness on palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injection left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg (updated 07/10/15) Corticosteroid injections.

Decision rationale: Request Corticosteroid injection left knee. MTUS guideline does not specifically address this issue. Hence, ODG used as per cited guideline, "Corticosteroid injections: Recommended for short-term use only." The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. (Leopold, 2003) (Arroll-BMJ, 2004) (Godwin, 2004) She had complaints of left knee pain. Progress report dated 6-17-15 reports complaints of severe left knee pain that is worsening. Diagnoses include: lateral meniscus tear and knee osteoarthritis. The patient's surgical history include left knee surgery in 1998, 1999 and 2000. The patient has had MRI of left knee that revealed meniscus tear on 7/29/2005 and on 6/11/15. Per the note dated 8/3/15 the patient had complaints of progressive worsening of left knee pain. Physical examination of the left knee revealed positive McMurray's sign and tenderness on palpation. Therefore, patient had significant objective findings of the left knee in spite of conservative treatment in form of oral medication and PT visits. The request for Corticosteroid injection left knee is medically necessary and appropriate for this patient.