

Case Number:	CM15-0145329		
Date Assigned:	08/06/2015	Date of Injury:	01/21/2014
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
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: 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 44 year old female, who sustained an industrial injury on 1-21-2014. Diagnoses have included left knee lateral meniscus tear and chondromalacia patella left knee. Treatment to date has included medication. According to the progress report dated 6-9-2015, the injured worker complained of left knee pain rated seven out of ten. She also complained of low back pain secondary to altered gait. Objective findings revealed that the injured worker ambulated with a limp. The progress report was hand-written and difficult to decipher. Authorization was requested for a cortisone injection for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cortisone injection for the left knee as an outpatient: Upheld

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) Knee & Leg (Acute & Chronic), Corticosteroid injections.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for left knee pain. Diagnoses include chondromalacia and a lateral meniscus tear. When seen, she was also having low back pain due to an altered gait. There was joint line tenderness and positive patellar compression testing. Authorization for an intra-articular knee injection with cortisone was requested. Criteria for an intra-articular knee injection include documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria and symptoms not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. Additionally, there is no evidence of failure of conservative treatments. The requested intra-articular knee injection is not medically necessary.