

Case Number:	CM15-0145834		
Date Assigned:	08/06/2015	Date of Injury:	05/30/2012
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
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 45-year-old female who sustained an industrial/work injury on 5-30-12. She reported an initial complaint of bilateral knee and shoulder pain. The injured worker was diagnosed as having bilateral knee internal derangement, shoulder arthroscopic surgery, bilateral heel plantar fasciitis, lumbar spine strain-sprain, rule out herniated lumbar disc with radiculitis-radiculopathy. Treatment to date includes medication, surgery, and diagnostics. MRI results were reported on 9-15-12. Currently, the injured worker complained of pain in both knees that increased with activities. Per the primary physician's report (PR-2) on 4-16-15, exam noted right knee had full extension with flexion at 120 degrees; genu recurvatum was 5 degrees, positive for chondromalacia patella compression, McMurray's, Apley tests. The left knee medial joint line had tenderness and range of motion was from 0-100 degrees and tenderness to palpation along the medial joint line. The right shoulder range of motion, flexion 100 degrees and abduction is 100 degrees, tenderness over the greater tuberosity of humerus, positive impingement test, and well healed incision secondary to arthroscopic surgery. The requested treatments include 1 ultrasound guided corticosteroid injection for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound guided corticosteroid injection for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and 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 & Leg (Acute & Chronic), Corticosteroid injections.

Decision rationale: The claimant sustained a work-related injury in May 2012 and is being treated for right shoulder and bilateral knee pain. When seen, there was increased shoulder pain, stiffness, and increased knee pain. Physical examination findings included a BMI of over 38. There was decreased knee range of motion. Patellar compression testing on the right was positive and there was positive McMurray testing. There was left knee medial knee joint line tenderness. Diagnoses included knee internal derangement. Physical therapy was requested. In September 2014, there was normal right knee joint space and loss of cartilage on the left. Criteria for an intra-articular knee corticosteroid injection include a diagnosis of severe osteoarthritis by American College of Rheumatology (ACR) criteria and not controlled adequately by recommended conservative treatments (e.g. exercise, NSAIDs or acetaminophen). In this case, severe osteoarthritis is not present based on these criteria or reported imaging. Conservative treatment, physical therapy, was requested. The injections for both knees were not medically necessary.