

Case Number:	CM15-0161791		
Date Assigned:	08/27/2015	Date of Injury:	12/15/2011
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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 31 year old male who sustained an industrial injury on 12-15-2011. He was injured while sitting on the floor and then standing up and felt a pain in the left knee. He complains of pain to the left knee and has been diagnosed with left knee sprain. Treatment has included ice, heat, and medications. Left knee examination showed no effusion. There was tenderness to the lateral joint line. The treatment plan included medication and an injection. The treatment request included an outpatient one cortisone injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cortisone injection to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 December 2011 and is being treated for left knee pain. An MRI of the knee on 07/01/15 included findings of maintained joint

spaces and a partial anterior cruciate ligament tear and possible lateral meniscus tear. When seen, he was working without restrictions. There was slight posterolateral knee joint line tenderness. He had a partial medial meniscectomy in November 2012. 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. The requested intra-articular knee injection is not medically necessary.