MAXIMUS Federal Services

Case Number:	CM15-0165140		
Date Assigned:	09/02/2015	Date of Injury:	09/26/2008
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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 65 year old male, who sustained an industrial injury on 9-26-2008. He reported that his right knee gave out. Diagnoses have included severe, bilateral knee degenerative joint disease, status post right knee arthroscopy, status post left total knee replacement, chronic myofascial pain syndrome, failed back surgery syndrome and depression. Treatment to date has included surgery and medication. According to the progress report dated 7-29-2015, the injured worker complained of constant, bilateral knee pain, left more than right with tingling, numbness and paresthesia. He rated his pain as three to five out of ten. Physical exam revealed restricted range of motion of the bilateral knees. There was diminished sensation to light touch along the lateral border of the knees. Mild flexion contracture was present of the right knee. The injured worker requested a higher dose of the Butrans patch. Authorization was requested for office based local left fibular head bursitis injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office-based local left fibular head bursitis injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg procedure summary.

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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work injury in September 2008 and is being treated for bilateral knee pain. He underwent right knee arthroscopic surgery in January 2009 and a left total knee replacement in May 2013. When seen, he was having constant bilateral knee pain affecting the left more than right knee with numbness, tingling, and paresthesias. He had pain over the lateral border of the left knee. Physical examination findings included localized tenderness below the left fibula. There was decreased range of motion. There was decreased sensation over the lateral knees with decreased left knee strength and a mild right knee flexion contracture. A local left fibular head bursa injection was requested. In this case, it is somewhat unclear what bursa is being targeted. Presumably, this is the bursa between the lateral collateral ligament and the tendon of the biceps femoris. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries, however, a diagnostic injection is not being requested. In terms of a corticosteroid injection for the knee, an intra-articular injection can be recommended for severe knee osteoarthritis. The claimant has undergone a knee replacement and does not have a diagnosis of severe osteoarthritis. Therefore, the requested injection is not medically necessary.