

Case Number:	CM15-0182705		
Date Assigned:	09/23/2015	Date of Injury:	10/04/2007
Decision Date:	11/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, North Carolina
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 55 year old male who sustained an industrial injury 10-04-2007. Medical records indicated the worker was treated for shoulder pain, foot pain, pre-patellar bursitis, and chronic pain syndrome. In the provider notes of 07-02-2015, the injured worker complains of left ankle pain, left knee pain, left hip pain, and left shoulder pain. He currently rates his left ankle pain as a 4 on a scale of 0-10 and continues to wear his ankle brace for support and stability. He is status post two surgeries on his left ankle, and a left shoulder surgery for a labral tear. He notes increasing left knee and hip pain especially with prolonged standing and walking. He is taking Nucynta, which has been weaned from six times a day dosing to 3 times a day. In the notes of 06-03-2015, the worker complains of an increasing left knee and hip pain secondary to his altered gait due to his left ankle pain. On inspection, he has a negative Lachman, negative McMurray, and no swelling or effusion. A request for authorization was submitted for cortisone steroid injection, left knee (received by UR 08-10-2015). A utilization review decision 08-14-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone steroid injection, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (corticosteroid injection).

Decision rationale: CA MTUS/ACOEM Guidelines state that invasive techniques, such as needle aspiration of effusions or pre-patellar bursal fluid and cortisone injection are not routinely indicated. ODG criteria (knee and leg) set out criteria for intra-articular glucocorticosteroid injections. In this case, the patient does not meet the established criteria for a glucocorticosteroid injection. Therefore, the request is not medically necessary or appropriate.