

Case Number:	CM15-0182768		
Date Assigned:	09/23/2015	Date of Injury:	01/03/2012
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 3, 2012. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request Kenalog-Marcaine corticosteroid injection apparently administered on June 17, 2015. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant's primary treating provider (PTP) reported that the applicant had received recent knee injections through another provider on June 17, 2015. Ongoing complaints of low back and knee pain were noted. Permanent work restrictions were renewed. It was suggested that the applicant was not working with said limitations in place. The applicant's medications included diclofenac, tramadol, Flexeril, Motrin, and Naprosyn. On February 18, 2015, the applicant was given diagnoses of bilateral knee patellofemoral syndrome and bilateral knee extrinsic contractures secondary to iliotibial band syndrome. The applicant was not working, it was reported on this date. 10 sessions of physical therapy were endorsed. On May 27, 2015, the applicant was given diagnosis of knee chondromalacia, knee patellofemoral pain syndrome, and iliotibial band syndrome. On June 17, 2015, the applicant was given knee corticosteroid injections to ameliorate ongoing issues with patellofemoral syndrome and chondromalacia. Multiple injections were renewed and/or continued. The applicant had had prior knee corticosteroid injections on February 18, 2015, it was reported. The applicant remained dependent on variety of analgesics to include Naprosyn, tramadol, and Motrin, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Injection of 60mg Kenalog plus 2 cc of .25% Marcaine, Anterolateral aspect of bilateral knees (DOS 06/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5-2.html.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the requested retrospective injection of Kenalog and Marcaine of the bilateral knees performed on September 17, 2015 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive technique such as the corticosteroid injection(s) in question are "not routinely indicated." Here, the applicant was described as having ongoing issues with knee chondromalacia versus knee patellofemoral pain syndrome versus iliotibial band tendonitis. The applicant had received prior corticosteroid injection on February 18, 2015, the treating provider reported on his June 17, 2015 office visit. The MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346 also notes that repeated corticosteroid injections are deemed "optional." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of repeat injections in the face of the tepid ACOEM position on the same. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treating program in order to justify continued treatment. Here, however, the applicant was off work, it was acknowledged on multiple office visits, referenced above. The applicant remained dependent on a variety of opioid and non-opioid agents to include tramadol, Naprosyn, and Flexeril. A rather proscriptive 25-pound lifting limitation was renewed, unchanged from visit to visit, seemingly resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior set of knee corticosteroid injection(s). Therefore, the repeat injection(s) of June 17, 2015 were not medically necessary.