

<b>Case Number:</b>	CM15-0183894		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, California  
 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 59 year old female who sustained an industrial injury on 08-21-2014. Medical records indicated the worker was treated for lumbar sprain, contusion of the left lower leg, and left ankle sprain-strain, and pes anserinus tendinitis. In review of the medical records (02-20-2015 to 09-02-2015). The worker complained of lower back pain and stiffness with left ankle and knee pain rated an 8 on a scale of 0-10 and was given an injection of steroid in to the Pes Anserine Bursa on 06-05-2015. In the provider notes of 07-31-2015 the subjective complaint was of stabbing pain in the left leg rated a 6 on a scale of 0-10. According to the worker the "injection helped". Objective findings include tenderness at the left the Pes Anserine Bursa and proximal tibia with swelling. On 08-28-2015 a request is made for a second cortisone injection pes anserinus bursa and follow-up. Clinical assessment included ongoing complaints of left shin and ankle pain rated a 6 on a scale of 0-10 with numbness and weakness. Examination revealed left medial joint line tenderness, stable knee swelling, and tenderness to palpation to the pes anserinus bursa. Treatments included chiropractic care, physical therapy, medications, and injections. Medications include gabapentin and Anaprox. A request for authorization was submitted for 2nd Cortisone injection to Pes Anserine Bursa. A utilization review decision 09-03-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **2nd Cortisone injection to Pes Anserine Bursa: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 18.

**Decision rationale:** According to the guidelines repeat knee injections are an option. They may be more beneficial for arthritis. In this case, the claimant does has swelling and pain in the Pes Anserine region. The claimant did benefit from an initial injection. Although a 2nd injection may be beneficial, it provides short-term relief. IT is an option but not a medical necessity.