

Case Number:	CM15-0184397		
Date Assigned:	09/24/2015	Date of Injury:	10/18/2012
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 10-18-2012. The medical records indicate that the injured worker is undergoing treatment for pain in joint of lower leg and sprain-strain of the knee and leg (not otherwise specified). According to the progress report dated 8-26-2015, the injured worker presented with complaints of pain in his left knee. On a subjective pain scale, he rates his pain 6-8 out of 10. The physical examination of the left knee reveals painful movements with flexion beyond 120 degrees, tenderness to palpation over the medial joint line and patella, and negative pivot shift, patellar grind, Apley's compression and distraction, and McMurray's tests. The current medications are Ultracet, Naproxen, and Nizatidine. Previous diagnostic studies include MRI of the left knee. Treatments to date include medication management, 6 physical therapy sessions, 3 acupuncture sessions, and cortisone injection (without much benefit). Work status is described as modified. The original utilization review (9-9-2015) had non-certified a request for 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:

Left knee cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter, Corticosteroid Injections.

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) Chapter, under Corticosteroid injections.

Decision rationale: The patient presents with LEFT knee pain. He has pain about the posterior calf and his knee is around a 6-8/10 pain. The request is for LEFT KNEE CORTISONE INJECTION. The request for authorization is dated 08/26/15. The patient is status post LEFT knee PRP injection, 10/07/13, and patient states that it did not relieve his pain at all. MRI of the LEFT knee, 01/04/13, shows blunted medial meniscus consistent with prior partial meniscectomy, no lateral meniscus tear; mild-to-moderate medial compartment arthrosis with focal areas of deep chondral fissuring to bone along the inferior medial femoral condyle and throughout the medial tibial plateau with mild subchondral changes; mild-to-moderate patellofemoral chondromalacia with high-grade chondral loss along the lateral trochlea and deep chondral fissuring along the lateral patellar facet with mild subchondral changes; scarring of the anterior cruciate ligament with fibers seen in continuity, there is no ligament tear. Physical examination of the LEFT knee reveals movements are painful. Tenderness to palpation is noted over the medial joint line and patella. Pivot shift, patellar grind, Apply's compression and distraction, and McMurray's tests are negative. No joint effusion noted. He has had PT 6 sessions for the LEFT knee in 2014 followed by 3 sessions of acupuncture for LEFT knee without much benefit. Patient's medications include Ultracet, Naproxen, Amlodipine, Doxazosin, Lisinopril, Multivitamins, and Nizatidine. Per progress report dated 08/26/15, the patient is not working as modified work is not available. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states, "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease... Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three." Per progress report dated 08/26/15, treater's reason for the request is "Patient has been approved for the cortisone injection. (Patient wants to hold off on injections until he sees the urologist for his blood in urine)." In this case, patient continues with LEFT knee pain despite conservative treatments and is diagnosed with pain in joint of lower leg and sprains and strains of knee and leg. However, per progress report dated 02/03/15, treater notes, He also had left knee cortisone injection without much benefit. ODG guidelines do not recommend a second injection if there has been no response from the initial injection. Therefore, the request IS NOT medically necessary.