MAXIMUS Federal Services

Case Number:	CM15-0191557		
Date Assigned:	10/05/2015	Date of Injury:	09/06/2013
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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 67 year old male, who sustained an industrial injury on 09-06-2013. He has reported subsequent bilateral knee pain and was diagnosed with bilateral knee contusion, patellofemoral arthritis and degenerative joint disease. X-rays of the bilateral knees dated 05-16-2014 were noted to show arthritis. Treatment to date has included pain medication, 3 Synvisc injections, acupuncture, physical therapy, chiropractic therapy which were noted to have failed to significantly relieve the left knee pain. In a progress note dated 08-29-2015, the injured worker reported continued 7 out of 10 left knee pain status post 3 Synvisc injections and increased pain with prolonged weight bearing and twisting with 10% improvement following injection. Objective examination findings revealed tenderness of the medial and lateral joint line of the left knee, decreased range of motion, tenderness of the medial plica and patellofemoral crepitus. Work status was documented as temporarily totally disabled. A request for authorization of one medial plica injection under ultrasound guidance to the left knee was submitted. As per the 09-21-2015 utilization review, the request for one medial plica injection under ultrasound guidance to the left knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One medial plica injection under ultrasound guidance to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Corticosteroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work injury in September 2013 when he impacted his knees while getting up from his seat while working as a bus driver. He had a right rotator cuff repair in August 2015. When seen, he was still having left knee pain rated at 7/10 after three Synvisc injections which had provided 10% improvement. He was having pain with prolonged weight bearing and twisting. Physical examination findings included medical and lateral joint line tenderness and tenderness over the medial plica. There was decreased range of motion with positive patellofemoral compression testing. A medial plica injection with ultrasound guidance was requested. The injectate was not specified. 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. In this case, intra-articular injections have already been done. The purpose of the injection is not specified and whether a diagnostic or therapeutic injection is being requested is unknown. For this reason the request cannot be accepted as being medically necessary.