

Case Number:	CM15-0192940		
Date Assigned:	10/07/2015	Date of Injury:	10/02/2014
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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 64 year old male who sustained an industrial injury on 10-2-14. The diagnosis is noted as right knee medial and lateral meniscus tears, status post arthroscopy surgery with post traumatic osteoarthritis. In a progress report dated 8-14-15, the physician notes a painful condition about the right knee and he is now experiencing advanced osteoarthritis (pain is rated 5 at worst and 4 out of 10 at best and is able to walk up to 20 minutes prior to onset of increased pain per visit #24 physical therapy note dated 7-22-15). Physical exam of the right knee is reported to reveal well-healing incisions; neurocirculation is intact to the lower extremity, and tenderness about the medial and lateral patellofemoral joint line. Radiographs of the right knee are reported to demonstrate 2 mm cartilage interval in the medial compartment and the patellofemoral compartment. Work status in temporary total disability. Previous treatment includes right knee arthroscopic partial medial meniscectomy and partial lateral meniscectomy (5-5-15), at least 24 physical therapy sessions, home exercise, and medication. The treatment plan notes an injection of Celestone 6mg per ml for the right knee in order to reduce inflammation and swelling and to improve function was given (8-14-15), to continue medications, and request authorization for orthovisc injections (series of 3) to the right knee. The requested treatment of one Celestone injection 6 mg per ml for the right knee was non-certified on 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Celestone injection 6 mg/ml for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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, injections are recommended for short-term use for arthritis. Repeat injections are optional. In this case, the claimant does have arthritis. In this case, the claimant already received an injection in the past month and Synvisc injections were recommended. The additional injections are not medically necessary.