

Case Number:	CM15-0198620		
Date Assigned:	11/06/2015	Date of Injury:	05/21/2003
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency 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 injured worker is a 52 year old male who sustained an industrial injury on 5-21-03. A review of the medical records indicates that the worker is undergoing treatment for chronic instability-right knee and degenerative arthritis. Subjective complaints (6-1-15) include a recent flare up with some swelling and pain which has been more significant causing more swelling. Objective findings (6-1-15) include effusion of the right knee, range of motion of 0-120 degrees, and a positive anterior drawer and Lachman's. He was given a Cortisone injection 6-1-15. Previous treatment includes anti-inflammatory medications, Flexeril, activity restrictions and a knee brace. The requested treatment of retrospective (6-1-15) injection of 12mg of Desamethasone and 2cc of 1% Lidocaine was noncertified on 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective injection of 12mg of Desamethasone and 2cc of 1% Lidocaine (6/1/15):
Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Criteria for Intraarticular Glucocorticoid injections.

Decision rationale: The requested Retrospective injection of 12mg of Desamethasone and 2cc of 1% Lidocaine (6/1/15) is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg (Acute & Chronic), Criteria for Intraarticular Glucocorticoid injections note criteria as follows: "Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); 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; Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance." The injured worker has right knee and degenerative arthritis. Subjective complaints (6-1-15) include a recent flare up with some swelling and pain which has been more significant causing more swelling. Objective findings (6-1-15) include effusion of the right knee, range of motion of 0-120 degrees, and a positive anterior drawer and Lachman's. He was given a Cortisone injection 6-1-15. The treating physician has not documented objective evidence of functional improvement from previous injections. The criteria noted above not having been met, Retrospective injection of 12mg of Desamethasone and 2cc of 1% Lidocaine (6/1/15) is not medically necessary.