

<b>Case Number:</b>	CM15-0199856		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 53 year old female, who sustained an industrial injury on 05-26-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left knee contusion. Medical records (05-26-2015 to 08-28-2015) indicate ongoing left knee pain. Pain levels were rated 7 out of 10 in severity on a visual analog scale (VAS) on 05-26-2015 which were initially decreased, and then increased to 8 out of 10 by 08-28-2015. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with full duty. The physical exam, dated 08-28-2015, reported increased pain and revealed decrease sensation in the left L4-S1 dermatomes, mildly decreased motor strength on the left lower extremity, limited range of motion in the left knee due to pain, tenderness to palpation over the left knee, patellofemoral crepitus, and pain with McMurrays' test. Relevant treatments have included: 5 sessions of physical therapy (PT) with no relief, work restrictions, and pain medications. The treating physician indicates that MRI of the left knee (07-07-2015) showed moderate patellar bursitis. The request for authorization (09-08-2015) shows that the following service was requested: left knee cortisone injection. The original utilization review (10-05-2015) non-certified the request for left knee cortisone injection.

### 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, Section(s): Initial Care.

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

**Decision rationale:** According to the guidelines, steroid injections may be used for the short-term in those with knee arthritis. In this case, the claimant had normal knee x-rays and the MRI showed only bursitis. Although the claimant had pain and crepitus, the claimant's findings did not meet the criteria for symptomatic severe arthritis. Steroid injections are optional for inflammation and bursitis. It is not medically necessary.