

Case Number:	CM15-0209419		
Date Assigned:	10/28/2015	Date of Injury:	07/08/2015
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male with a date of injury on 07-08-2015. The injured worker is undergoing treatment for left knee bursitis. In a physician progress note dated 07-13-2015 it is documented the injured worker went to the Emergency Department due to worsening left knee pain and was given Tramadol and an x ray. She presented for a follow up visit. There is no change in status. There is restrictive range of motion and swelling at the left knee. There is ecchymosis and flexion and extension aggravates the pain. A physician note dated 08-04-2015 documents no evidence of swelling or effusion of eh left knee. He has tenderness throughout range of motion. The knee is stable. A physician progress note dated 09-08-2015 documents the injured worker states at the present time he is feeling better but not completely. On examination there is a mild effusion and tenderness through range of motion with mild crepitus. He extended to 180 degrees and flexes to 11 degrees. The treatment plan includes cortisone injections to see if this can quell the inflammatory response before any decisions about potential surgical intervention. Treatment to date has included diagnostic studies, medications, and activity modification. Current medications include Norco, and Medrol Dosepak. He is not working. A Magnetic Resonance Imaging of the left knee done on 09-02-2015 revealed chondromalacia of the patellofemoral articulation, cartilage thinning along the medial joint compartment and a joint effusion with the cruciate and collateral ligament intact, gut evidence of a medial plica with synovitis. On 09-29-2015 Utilization Review modified the request for left knee cortisone injections x2 was modified to 1 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 injections x2: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for intraarticular glucocorticosteroid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Intrarticular glucocorticosteroid injection.

Decision rationale: According to cited ACOEM guidelines, a cortisone injection of the knee is appropriate treatment for select patients to treat patellar tendinopathy that is unresponsive to other treatments including NSAID, activity modification and exercise. By these criteria cortisone injection is appropriate for this patient, however ODG guidelines states that "only one injection should be scheduled to start, rather than a series. A second injection is not recommended if the first has resulted in complete resolution of symptoms". Based on this it reasonable to first attempt a single injection prior to approving a series of two injections. Therefore at this time one injection is medically necessary and the requested two is not medically necessary at this time.