MAXIMUS Federal Services

Case Number:	CM15-0022614		
Date Assigned:	02/12/2015	Date of Injury:	08/02/2012
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 36-year-old male who reported an injury on 08/02/2012. The mechanism of injury was not provided. Other therapies included a lidocaine, Marcaine, and Kenalog injection on 03/11/2014, which relieved approximately 40% of his symptoms temporarily. The injured worker had no surgical history. The documentation of 10/22/2014 indicated the injured worker had chronic knee pain. The medications included naproxen, Flexeril, omeprazole, and tramadol ER. The physical examination revealed no laxity or instability. The documentation indicated that it was difficult to assess the laxity or instability, and the injured worker had guarding, and it was impossible OT assess for Lachman's and pivot shift tests. Strength test was unable to be performed due to guarding. The diagnoses included left knee pain; status post left knee contusion, and lateral meniscal fraying of the left knee. The treatment plan included ongoing pain management. The most recent documentation of 02/21/2015 indicated the mechanism of injury was while the injured worker was on a scaffold approximately 10 feet high, he fell to the ground, hurting his right arm and left knee. The injured worker attended physical therapy and a chiropractic. The injured worker has complaints of pain in the left knee, which was more severe than other pain symptoms. The injured worker had constant and severe pain. The physical examination of the left knee revealed motion to forward flexion of 20 degrees and extension 20 degrees. There was edema and tenderness to palpation over the medial and lateral joint lines. The injured worker had a positive anterior drawer and posterior drawer test. The diagnoses included internal derangement of the left knee. The documentation indicated there had been a prior request for a left knee steroid injection that had been denied. It was indicated that

knee joint steroid injection may be offered as a first line treatment of severe degenerative joint disease, particularly in older adults. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that invasive techniques such as cortisone injections are not routinely indicated. The clinical documentation submitted for review indicated the injured worker had previously undergone a cortisone injection, which relieved approximately 40% of his symptoms. However, there was a lack of documentation of objective functional benefit to support the necessity for additional injections. Given the above, the request for steroid injection, left knee is not medically necessary.