MAXIMUS Federal Services

Case Number:	CM15-0220416		
Date Assigned:	11/13/2015	Date of Injury:	02/06/2003
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey, New York
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(n) 60 year old male, who sustained an industrial injury on 2-6-03. The injured worker was diagnosed as having left knee medial meniscus tear and left knee chondromalacia. Subjective findings (4-15-15, 6-3-15) indicated bilateral knee pain. The injured worker rated the pain in the left knee 8-9 out of 10. Objective findings (4-15-15, 6-3-15) revealed left knee flexion was 120-130 degrees and extension is 0-5 degrees. There is tenderness to palpation over the medial and lateral joint line and patellar tendon on the left. As of the PR2 dated 9-8-15, the injured worker reports pain in the bilateral knees. He rates his left knee pain 6-7 out of 10 and continues to stumble and fall frequently. Objective findings include left knee flexion is 130 degrees and extension is 0 degrees and a positive McMurray's sign. Treatment to date has included a left knee Orthovisc injection on 1-21-15 with 50% relief, OxyContin, Norco, Neurontin and Soma. The Utilization Review dated 10-9-15, non-certified the request for a left knee corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee corticosteroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Le (Acute & Chronic), Criteria for Intraarticular glucocorticosteroid 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-Corticosteroid injection.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of corticosteroid injections for the knee. According to ODG guidelines, the patient should meet certain criteria for the diagnosis of severe osteoarthritis in order to have injections. The patient was diagnosed with meniscal tear and chondromalacia but not severe osteoarthritis. He has had a number of injections, including orthovisc but continues with pain. A maximum of three injections are recommended which the patient may have exceeded. Therefore, the request is considered not medically necessary.