

Case Number:	CM15-0031520		
Date Assigned:	02/24/2015	Date of Injury:	09/10/2009
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old male who sustained an industrial injury on 9/10/09. The mechanism of injury was not documented. The 5/23/13 right knee MRI impression documented severe tricompartmental osteoarthritis, worst in the lateral femoral tibial compartment, and extensive tearing of the medial and lateral menisci. There was extensive femorotibial and patellofemoral joint cartilage fissuring and loss, and severe anterior cruciate ligament mucoid degeneration. The progress reports from 8/25/14 to 12/8/14 documented short term temporary benefit to the Supartz injection series with on-going low back and bilateral knee pain, and difficulty with prolonged ambulation. The 1/14/15 orthopedic report cited episodic right knee pain and swelling. Physical exam revealed medial joint line tenderness, small effusion, active flexion 110-120 degrees, active extension 5-10 degrees, no valgus or varus instability, negative Lachman, positive medial McMurray, negative posterior drawer test, and weakness due to pain. The May 2013 right knee MRI showed meniscus tearing, intraarticular loose body, and tricompartmental osteoarthritis. He received moderate results from viscosupplementation injection treatment in February 2014. The treatment plan includes right knee arthroscopic partial medial and lateral meniscectomy, synovectomy, loose body excision, and a large joint injection for post-operative pain control. On 1/26/15, utilization review non-certified a request for a large joint injection, noting the request is for a post-operative injection and the surgery is not medically necessary at this time. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited. There is no documentation in the submitted records that surgery has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Large Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Injections.

Decision rationale: The California MTUS state that corticosteroid injection are not routinely indicated. The Official Disability Guidelines provide specific criteria for steroid injections for patients with symptomatic osteoarthritis, and indicated that they are intended for short term control of symptoms to resume conservative medical management. The number of corticosteroid injections should be limited to three. Hyaluronic acid injections are recommended for repeat use, only if there was a significant improvement in symptoms for 6 months. Platelet-rich plasma injections for the knees are reported under study, and small studies have noted improvement in chronic refractory patellar tendinopathy. Guideline criteria have not been met. There is no specific documentation relative to the type of injection planned for post-operative pain control. The use of a corticosteroid injection may be supported for short term symptom control, however there is no documentation relative to the number of injections previously provided. There is no evidence that the associated surgical procedure has been certified. Given the absence of a specific request, the medical necessity cannot be established. Therefore, this request is not medically necessary.