

Case Number:	CM15-0038937		
Date Assigned:	03/09/2015	Date of Injury:	04/18/2014
Decision Date:	05/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female with a reported date of injury of 04/18/2014. The injured worker was reportedly making a bed when she twisted her left knee. Previous conservative management has included physical therapy. The injured worker is also status post chondroplasty and debridement, with removal of loose body of the left knee on 09/05/2014. The latest physician progress report submitted for review is documented on 12/19/2014. The injured worker presented with complaints of persistent knee pain. The current diagnosis is improving left knee pain, with increased right knee pain. Upon examination, there was 0 to 120 degrees range of motion with tenderness to palpation over the medial and lateral joint line bilaterally. There was 4/5 motor weakness noted with 1+ swelling. Recommendations included continuation of the home exercise program and medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection with Ultrasound Guidance Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroid 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 Chapter, Corticosteroid injections.

Decision rationale: The Official Disability Guidelines state intra-articular injections are recommended for symptomatic severe osteoarthritis of the knee. There should be documentation of conservative treatment with exercise, NSAIDs, or acetaminophen. Additionally, there should be documentation of pain that interferes with functional activity. In this case, it is noted that the injured worker has objective evidence of tenderness to palpation over the medial and lateral joint line with 1+ swelling. However, there was no documentation of symptomatic severe osteoarthritis of the knee. There is also no documentation of a recent attempt at conservative management in the form of exercise or active rehabilitation. Given the above, the request is not medically appropriate at this time.