

Case Number:	CM15-0040535		
Date Assigned:	03/10/2015	Date of Injury:	03/23/2012
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 41-year-old male, who sustained an industrial injury on 3/23/2012. He reported injury to the bilateral knees and back. He was diagnosed as having myofascial pain syndrome, back and knee strain, degenerative osteoarthritis of the bilateral knees, and chondromalacia patella, bilateral knees. Treatment to date has included diagnostic imaging, pain management consultation, epidural steroid injections and medications. He is currently not working. Per the Agreed Medical Evaluation dated 12/18/2014, the injured worker reported 4-10/10 pain and symptomology in the bilateral knees, upper back and low back. There are no radiating symptoms. The pain is described as stabbing, sharp, pressing, cramping and numbness. Physical examination revealed no limitation on motion of the bilateral knees. There was no pain upon extension bilaterally. There was slight pain on the right and no pain on the left with flexion. There was moderate crepitus and slight pain on the right and severe crepitus and moderate pain on the left upon examination of the patellofemoral joint. The recommendations included functional capacity evaluation, independent stretching and strengthening, physical therapy or personal trainer, medication management, back brace, TENS unit and possible corticosteroid injection and anesthetic injection and viscoelastic supplementation injections. Authorization was requested for bilateral knee injection in office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Injection in Office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329 - 353.

Decision rationale: The patient is a 41-year-old male with an injury on 03/23/2012. A tank fell on him. Although he has crepitus of both knees there is no documentation of active synovitis/arthritis. The range of motion of both knees is normal. It is unclear exactly what is to be injected into each knee. MTUS ACOEM guidelines note that cortisone injections are not needed. There were no red flag signs. There is insufficient documentation to substantiate that this patient has arthritis and that Synvisc injections are indicated. The requested bilateral injection of both knees in the office of an undisclosed substance is not medically necessary.