

Case Number:	CM15-0048260		
Date Assigned:	03/17/2015	Date of Injury:	12/11/2001
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female patient, who sustained an industrial injury on 12/11/2001. A primary treating office visit dated, 12/15/2014, reported chief complaint of bilateral wrists, neck, low back and bilateral knee pains. Objective findings showed the patient with painful cervical extension. Head compression is mildly positive. There is extreme tightness in the levator scapula musculature. There is a knot of muscle in a trigger area along the medial trapezius and at the levator scapula of the shoulder blade. Shoulder retraction produces pain. Manual traction did offer some relief. Range of motion of the head/neck bilaterally produces significant pain and only 30 degrees of rotation are noted. Cervical flexion noted limited to 25 degrees with pain. Her right hand showed nodules with locking of the triggers and significant substantial abnormality. The lumbar spine was with sacroiliac tenderness. There is pain in the lower lumbar midline and paraspinous musculature. There is a mild amount of muscle spasm on forward flexion. Extension is noted limited to 10 degrees on stress of the pelvis. There is tenderness along the sacroiliac joint. Sciatic notch sign produces back pain and sacroiliac pain at 70 degrees. Bilateral knees show positive for patellar grind. Hamstring tenderness is present. The following diagnoses are applied: lumbar spine strain, lumbar facet syndrome, right shoulder impingement syndrome, bilateral carpal tunnel syndrome, status post release, tendinosis over right thumb, status post trigger release, morbid obesity, right Achilles tendinitis, left knee pain, status post flexor tenosynovectomy and right hand trigger index and ring fingers. The plan of care involved bilateral knee injections and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celestone and 6cc of Lidocaine injection to both knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (Acute & Chronic), Corticosteroid injections.

Decision rationale: The claimant is a 46 year-old female who is more than 10 years status post work-related injury and continues to be treated for chronic pain including chronic knee pain. She is morbidly obese with a BMI of greater than 60. When seen, she had knee pain rated at 7/10 with joint line tenderness, positive patellar grind, and positive McMurray tests. There was decreased flexion likely due to body habitus. Applicable criteria that are met in this case for an intraarticular knee corticosteroid injection include knee pain, crepitus, an absence of findings of inflammatory arthropathy such as an elevated sedimentation rate, and symptoms not controlled adequately by recommended conservative treatments. In this case, given the claimant's age and body weight, knee replacement surgery would be relatively contraindicated. The above criteria are met and therefore the requested injection was medically necessary.