

Case Number:	CM15-0084067		
Date Assigned:	05/06/2015	Date of Injury:	05/05/2006
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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, 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 52 year old female, who sustained an industrial injury on 5/5/06. The injured worker has complaints of left knee pain. The diagnoses have included cervical thoracic strain/arthrosis and left knee monoarthritis. Treatment to date has included left cortisone injections in October 2014 that helped for about two months and on 6/17/14 helped moderately about two months and on 4/15/14 helped moderately and is now exacerbated; cortisone injections in the past; synvisc injection in 12/2009; cane; brace; home exercise program; acupuncture and naproxen. The request was for retrospective left knee injection xylocaine 0.01 3ml and methyl prednisone 80mg. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro left knee injection Xylocaine 0.01 3ml and methylprednisone 80mg: 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): 339, 346. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid injections.

Decision rationale: Regarding the request for a knee injection, CA MTUS and ACOEM cite that invasive techniques, such as cortisone injections, are not routinely indicated. ODG states that intra-articular corticosteroid injections are recommended for short-term use only for severe osteoarthritis. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three. Within the documentation available for review, the provider notes that the patient's osteoarthritis is moderate rather than severe at this point. Furthermore, it appears that the patient has had at least five injections in the past, with relief of symptoms for up to two months from these injections. There is no clear indication for the use of this type of injection well beyond the three injections recommended by the guidelines, especially given the absence of severe osteoarthritis. In light of the above issues, the currently requested knee injection is not medically necessary.