

Case Number:	CM15-0085013		
Date Assigned:	05/07/2015	Date of Injury:	01/12/1997
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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 73 year old female, who sustained an industrial injury on 1/12/1997. The details regarding the initial injury were not submitted for this review. Diagnoses include bilateral knee osteoarthritis. Treatments to date include therapeutic knee joint injections. Currently, she complained of exacerbated right knee symptoms including clicking, popping, giving way as well as pain and tenderness. On 3/27/15, the physical examination documented abnormal patellar tracking and a positive grind, positive McMurray's test and varus-valgus test was mildly positive. An injection of Celestone and Lidocaine was administered on this date to the right knee along with the aspiration of fluid. The plan of care included a request for the knee injection and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 3.27.15) for 1 injection to right knee consisting of Celestone 2cc and Lidocaine 6cc: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid Injections.

Decision rationale: The patient is a 73 year old female with an injury on 01/12/1997. She has bilateral knee osteoarthritis and on x-ray on 06/24/2014, she had severe osteoarthritis with loss of medial compartment space and osteophytes noted in both knees. On 03/27/2015, she had right knee swelling and pain. Patella grind test and McMurray's test were positive. ODG notes that knee joint injection with steroids (Celestone in this case) is accepted short-term treatment for osteoarthritis of the knee and the beneficial effects may last 3 to 4 weeks. In addition, adverse effects are very rare. The Celestone knee injection on 03/27/2015 was consistent with ODG and was medically necessary. It is an accepted standard of care.