

Case Number:	CM15-0086827		
Date Assigned:	05/11/2015	Date of Injury:	07/18/2014
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 60 year old male, who sustained an industrial injury on 7/18/14. He reported a left knee injury. The injured worker was diagnosed as having quadriceps tendon rupture and superior pole patella avulsion fracture. Treatment to date has included status post left quadriceps repair, oral medications including NSAIDS, physical therapy and home exercise program. (MRI) magnetic resonance imaging of left performed on 8/7/14 revealed fracture of distal quadriceps tendon, mild myxoid degenerative signal of posterior horn of lateral meniscus, myxoid degenerative signal throughout the medial meniscus, mild osteoarthritis and moderate sized joint effusion. Currently, the injured worker complains of intermittent left knee pain with instability. The injured worker is currently using Motrin. Physical exam noted patella deviation and focal tenderness along the quadriceps tendon at superior patella. The treatment plan included a steroid injection of left knee and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cortisone injection under ultrasound guidance (L) Knee DOS: 3/19/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Corticosteroid injections.

Decision rationale: Regarding the request for a retro knee cortisone injection under ultrasound, MTUS guidelines state invasive techniques such as cortisone injections are not routinely indicated. ODG states that intra-articular corticosteroid injections are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of: 1) severe osteoarthritis of the knee with knee pain; 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; 4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Guidelines go on to state that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; 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 requesting physician documented that the patient had no pain the day of the injection and the pain was documented to be decreasing when compared to prior visits. Finally, guidelines do not support the use of imaging guidance for knee injections. As such, the currently requested retro knee cortisone injection under ultrasound is not medically necessary.