

<b>Case Number:</b>	CM15-0088537		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 48-year-old female, with a reported date of injury of 09/18/2014. The diagnoses include osteoarthritis of the right knee, chronic pain, right knee pain, and myofascial pain. Treatments to date have included an MRI of the right knee on 11/10/2014, which showed patellar chondromalacia and minimal joint effusion without loose bodies; topical pain medications; oral medications; and physical therapy. The medical report dated 04/21/2015 indicates that the injured worker had right knee pain, with radiation of pain to the thigh and calf. The physical examination showed an antalgic gait favoring the right, joint tenderness in the knee joint of the right lower extremity, crepitus within the knee of a mild degree in the right lower extremity, limited right knee flexion, and positive right patella femoral grinding test. The treating physician requested an intra-articular injection to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intra articular injection to the right knee:** Upheld

**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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-351.

**Decision rationale:** The ACOEM Guidelines support page(s) 329-351, the use of steroids injected into the knee when indicated. However, steroid injections are not routinely necessary, and repeated injections are not encouraged. The submitted and reviewed records indicated the worker was experiencing right knee pain that went into the thigh and calf. Documented pain assessments were minimal and did not include many of the elements encouraged by the Guidelines. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an intra articular injection of an unspecified medication into the right knee is not medically necessary.