MAXIMUS Federal Services

Case Number:	CM15-0237776		
Date Assigned:	12/14/2015	Date of Injury:	08/26/2014
Decision Date:	01/21/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/06/2015

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 24 year old male who sustained an industrial injury on August 26, 2014. The IW had been unable to return to work since industrial injury. The worker is being treated for: left knee pain, LBP and injury; CRPS. He is status post left LE tibia fracture with subsequent ORIF. Subjective: he reported complaint of left knee pain at lateral hamstrings tendon area that increases with knee flexion and gait and also nerve pain in lateral shin and foot. He stated feeling better overall with PT but still with pain and decreased function. Objective: he is walking without crutches. Medication: June 2015: Gabapentin, Ibuprofen, and Voltaren gel. He is a holder of a medical marijuana card. Treatment: PT treating left knee total 20 visits January 2015. On November 11, 2015 a request was made for one Cortisone injection to left knee that was non-certified by Utilization Review on November 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left knee cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation Roberts WN, et al. Joint aspiration or injection in adults: Technique and indications. Topic 7986, version 15.0. UpToDate, accessed 01/16/2016.

Decision rationale: The ACOEM Guidelines support the use of steroids injected into the knee when indicated. However, steroid injections are not routinely necessary, and repeated injections are not encouraged. There is literature to support the use of a steroid injection in the treatment of inflammatory arthritis (such as rheumatoid arthritis) when prior injections took the pain away for at least six weeks. The submitted and reviewed records indicated the worker was experiencing left knee pain with buckling and locking, left leg pain, anxious and depressed moods, headaches, and decreased sleep. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for one injection of cortisone into the left knee is not medically necessary.