

Case Number:	CM15-0241229		
Date Assigned:	12/18/2015	Date of Injury:	10/31/2012
Decision Date:	01/22/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/10/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker (IW) is a 57 year old female with a date of injury on 10-31-2012. The IW complained of left knee pain. Diagnosis included pain in joint in lower leg. The IW is also being treated for pain in her neck, right shoulder, right arm, right knee and upper back. Past diagnostics have included an MRI of the bilateral knees on 10-5-2012. Past treatments and interventions have included a left knee arthroscopic meniscectomy and chondroplasty in 2013 and bilateral knee injections. Past medications have included Ibuprofen, Voltaren Gel, Tramadol, Norco, and Venlafaxine. The treating physician note dated 11-10-15 indicated the IW reports an increase in her left knee pain that is present constantly and the pain increases with ambulation. The left knee exam revealed a positive joint line tenderness but is no erythematous or no effusion. The IW is status post several cortisone injections with excellent benefit. These have been performed after her knee surgery in 2013. The IW reported she received 60-70% pain relief that lasted 4-5 months, which also increased her tolerance for walking and standing. The IW indicated she is interested in a repeat injection, which is part of the treatment plan. The physician request on 11-24-15 is for a left knee cortisone injection. This request was Non-approved by Utilization review on 12-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Corticosteroid Injections, pages 294-295.

Decision rationale: Report of 11/10/15 noted constant left knee pain especially on ambulation with previous 60-70% relief from cortisone injections for 4-5 months with increased tolerance to walking and standing. The patient has history of arthrosis and continues to treat for this 2012 injury s/p previous knee arthroscopy in 2013. X-rays of the left knee on 3/17/15 noted chondrocalcinosis without reported joint space loss. Treatment has included rest, modified activities, PT, NSAIDs and noted multiple previous injections (unspecified body part or quantity of injections) with benefit. Current exam on report noted joint line tenderness with negative orthopedic maneuvers and without noted effusion or crepitus. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The left knee cortisone injection is not medically necessary and appropriate.