MAXIMUS Federal Services

Case Number:	CM14-0115352		
Date Assigned:	08/04/2014	Date of Injury:	08/04/1988
Decision Date:	10/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an 86-year-old male who reported an injury on 08/04/1988. The mechanism of injury is not provided. On 03/05/2014 the injured worker presented with bilateral knee arthritis. Upon examination there were severe varus knee deformities, very limited range of motion, wide based gait and antalgia with crepitus with motion and diffuse tenderness at all the joint line areas. There was slight effusion and good quadriceps strength. An x-ray examination of the bilateral knee shows severe tricompartmental arthritis. The diagnoses were severe tricompartmental arthritis and complex cardiac history. Prior therapies were not provided. The provider recommended 3 injections for the left knee, series of 3, once a week for 3 weeks, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three injections for the left knee, once a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - work loss data institute. Knee and Leg chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines state invasive techniques such as needle aspiration or effusion are prepatellar bursal fluid and cortisone injections are not routinely indicated. Knee aspirations carry an inherent risk of subsequent and triarticular infection. As the guidelines do not recommend invasive techniques such as injections for the knee, the injections for the left knee would not be indicated. Additionally, the provider's request does not indicate what type of injections are being requested. As such, medical necessity has not been established.