

Case Number:	CM14-0129493		
Date Assigned:	08/18/2014	Date of Injury:	12/15/2011
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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 Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 54-year-old male with a date of injury of 12/15/2011. The listed diagnosis per the treating physician is chondromalacia. According to progress report 12/19/2013, the patient presents with continued right knee pain. The patient is 2 months status post right knee examination under anesthesia, trephination repair of the medial meniscus, and debridement of patella, chondromalacia grade 3. On 10/18/2013, the patient report improvement in pain. Examination revealed no swelling and limited range of motion. There is tenderness to palpation noted at the medial joint line. This is a retrospective request for cortisone injection with ultrasound that was administered on 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cortisone injection w/ ultrasound right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter, Corticosteroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on cortisone injection for knee:

Decision rationale: This patient is status post right knee surgery on 10/18/2013 and continues with pain and limited range of motion. This is a retrospective request for a cortisone injection to the right knee that was administered on 12/19/14. The ACOEM does not support routine use of cortisone injections for knee. ODG Guidelines has the following on cortisone injection for the knee, "Recommended for short-term use only. Intraarticular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect can last 3 to 4 weeks, but it is unlikely to continue beyond that. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intraarticular corticosteroid injection." There are no x-rays provided for review. However, this patient has had knee surgery showing grade III chondromalacia and required debridement, presumably for arthritis. Recommendation is for authorization.