

Case Number:	CM14-0132184		
Date Assigned:	08/22/2014	Date of Injury:	08/01/2011
Decision Date:	09/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 49-year-old female with an 8/1/11 date of injury, when she injured her neck and right knee. The mechanism of the injury was not described. The patient was seen on 04/28/14 with complaints of cervical pain associated with tingling and numbness radiating into bilateral upper extremities. The patient also complained of constant 8-9/10 right knee pain associated with swelling. The patient was not able to do repetitive kneeling or squatting activities and she had difficulties walking up and down the stairs. The patient reported that towards the end of the day the pain was very severe and she was not able to sleep because of the pain. Exam findings revealed 8/10 pain in the cervical area with tenderness to palpation over C6-T1. The patient's gait was antalgic and she was able to heel and toe walk with some discomfort. There was tenderness to palpation over the medial joint line and patella in the right knee. The patient had numbness, tingling, weakness, muscle spasms and painful limited range of motion in the right knee. There was no evidence of patellofemoral crepitation, the motor strength was 5/5 in the lower extremities bilaterally and the sensation in the lower extremities was normal bilaterally. The MRI results of the right knee were pending. The patient was attending physical therapy (PT) and acupuncture treatments with limited improvement and had to increase her pain medications due to pain. The diagnosis is cervical sprain/strain, right knee internal derangement and right knee inflammation. Treatment to date: physical therapy, acupuncture, chiropractic treatment, medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Intra-articular Injection under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13 - 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: ODG recommends corticosteroid injections for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs injections of corticosteroids. = ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. There is lack of subjective documentation indicating that the patient suffers from the right knee osteoarthritis. In addition, it is not clear what type of injection was requested. Therefore, the request for Right Knee Intra-articular Injection under Fluoroscopic Guidance was not medically necessary.