

Case Number:	CM14-0133584		
Date Assigned:	08/27/2014	Date of Injury:	10/20/2011
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 & Rehabilitation, 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 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 female who has submitted a claim for osteoarthritis of lower leg and chondromalacia patella associated with an industrial injury date of October 20, 2011. Medical records from January 29, 2014 up to August 8, 2014 were reviewed showing ongoing left knee pain, 8/10 in severity. Left knee was described to be heavy, stiff, and "catches" upon arising from a seated or lying position. Examination of the knee revealed tenderness over the superior lateral and superior medial aspect of the patella. There is pain with rotation of the ankle and knee. No evidence of fusion. Patient had undergone a corticosteroid shot last December 2013. As per PR dated 1/29/14, knee pain returned with a severity of 1-3/10. From 3/18/14 up to 7/2/14, left knee pain increased to 5-7/10 in severity. As per the most recent PR dated 8/8/14, the patient's left knee pain increased to 8/10 in severity. MRI taken on June 2014 showed moderate suprapatellar effusion, moderate thinning of the cartilage and medial femoral condyle. Treatment to date has included corticosteroid injection, Synvisc, Advil, physical therapy, and left knee arthroscopy. Utilization review from July 31, 2014 denied the request for Left knee intra-articular suprapatellar corticosteroid injection. The patient received corticosteroid injection on December 2013 which provided 5 weeks of "feeling quite well." However, there is no documentation of significant improvement in VAS score, objective examples of functional improvement, or medication sparing effect with the previous procedure to warrant additional injections at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee intra-articular, suprapatellar corticosteroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. As per ODG, there must be documented symptomatic severe osteoarthritis of the knee to warrant corticosteroid injections. A second injection is not recommended if the first has resulted in complete resolution of symptoms. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three. In this case, the patient received her first corticosteroid injection last December 2013. She reported 5 weeks of "feeling well" until the pain recurred on 1/29/14, 1-3/10 in severity. The pain continued to increase up until the most recent PR dated 8/8/14, wherein left knee pain was rated at 8/10 in severity. Patient was unable to complete regular exercise, stand, or walk due to pain. MRI taken on June 2014 showed moderate suprapatellar effusion, moderate thinning of the cartilage and medial femoral condyle. Guideline criteria were met. Therefore, the request for a second LEFT KNEE INTRA-ARTICULAR, SUPRAPATELLAR CORTICOSTEROID INJECTION is medically necessary.