MAXIMUS Federal Services

Case Number:	CM14-0143337		
Date Assigned:	09/29/2014	Date of Injury:	03/12/2014
Decision Date:	10/31/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 a 27-year-old male with a reported injury on 03/12/2014. The mechanism of injury was not noted in the records. The injured worker's diagnoses included synovitis and probable chondromalacia of the medial femoral condyle. The injured worker's past treatments included pain medication. The injured worker's diagnostic testing included the MRI of the left knee performed on 06/04/2014 revealed decrease in knee joint effusion, now minimal retropatellar effusion and a posterior popliteal cyst. The surgical history included a left knee arthroscopy ACL reconstruction in 2002. The notes also revealed the injured worker had a left knee arthroscopy with a meniscectomy and chondroplasty in 2012 as well. The subjective complaints on 08/11/2014 included left knee pain that the injured worker described as a dull deep ache. The objective physical exam findings to the left knee noted a positive left anterior drawer test and a positive valgus stress test. The range of motion was within normal limits. The McMurray's and patellofemoral crepitus tests were positive to the left. The injured worker's medications were not documented in the clinical note. The treatment plan was for a cortisone injection in the left knee. A request was received for a cortisone injection to the left knee. The rationale for the request was to relieve the pain. The Request for Authorization form was not submitted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection Knee Left: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 request for Cortisone Injection Knee Left is not medically necessary. The Official Disability Guidelines state that corticosteroid injections are recommended for short term use only. The criteria for intra-articular corticosteroid injections are as follows: bony enlargement, bony tenderness, crepitus, erythrocyte rate less than 40 mm/hour, less than 30 minutes of morning stiffness, no palpable warmth on synovium, over the age of 50, a rheumatoid factor less than 1; synovial fluid signs; 40 titer; pain interferes with functional activities; pain is not controlled adequately by recommended conservative treatments i.e. exercise, NSAIDs, or acetaminophen. The injured worker has chronic left knee pain. There was a lack of clinical documentation regarding conservative treatment, pain that interferes with functional activities, bony enlargement, bony tenderness, no palpable warmth of synovium and the patient is not over the age of 50. As the request did not meet at least 5 of the stated requirements per the guidelines, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.