MAXIMUS Federal Services

Case Number:	CM14-0146476		
Date Assigned:	09/12/2014	Date of Injury:	09/22/2011
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 Medicine 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 injured worker is a 44 year old male truck driver whose date of injury is 09/22/11 when he slipped and fell injuring his right knee. He has a surgical history of right knee partial lateral meniscectomy on 06/27/13. Per agreed medical evaluation dated 07/11/14 states that his right knee pain has improved. Since last examination the injured worker is noted to have completed 10 sessions of aqua therapy with temporary relief. Range of motion increased. Current medications were listed as Tramadol 250mg as needed. The injured worker complains of shooting burning right knee pain that radiates distally to right leg, as well as left knee pain which started in January 2014. MR arthrogram of the right knee dated 08/05/14 was noted to show no evidence of tear of the medial or lateral meniscus; no significant abnormality of the femorotibial articular cartilage; normal patellofemoral alignment without significant articular cartilage abnormality. Impression was unremarkable MR arthrogram of right knee. The records indicate that the injured worker had a previous right knee injection, but there is no assessment of the injured worker's response to this injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Lidocaine and Kenalog Injection; Body Part Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee, Corticosteroid injections

Decision rationale: Per current evidence-based guidelines, corticosteroid injections may be indicated for patients with symptomatic severe osteoarthritis (OA) that is not adequately controlled by conservative measures such as exercise and NSAIDs, and pain interferes with functional activities. Repeat injections are not recommended if the first resulted in complete resolution of symptoms or if there has been no response. Repeat injection may be considered if there has been several weeks of temporary resolution of symptoms and then worsening pain and function. The reported findings on MR arthrogram do not demonstrate severe OA of the right knee, and was reported as an unremarkable study. Per the AME on 07/11/14, the injured worker reported improved right knee pain. The injured worker reportedly had a right knee injection on 07/23/14, but there is no assessment of the response to this injection. Based on the clinical information provided, the request for Right Knee Lidocaine and Kenalog Injection; Body Part Right Knee is not recommended as medically necessary.