

Case Number:	CM14-0155373		
Date Assigned:	09/25/2014	Date of Injury:	12/11/1994
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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:

This is a 62-year-old female patient who reported an industrial injury to her knee and back on 12/11/1994, almost 20 years ago, attributed to the performance of her usual and customary job tasks reported as being struck by a forklift. The patient subsequently underwent left knee arthroscopic surgical intervention and received postoperative rehabilitation physical therapy. The patient currently complains of low back pain and left knee pain. There was no complained of instability to the left knee. The objective findings on examination included moderate crepitus; DTRs are one plus bilaterally; no Tenderness or edema. The patient was diagnosed with lumbar discogenic disc disease with left sciatica; left L5-S1 radiculopathy; left knee internal derangement with chronic knee pain; status post arthroscopic surgery during 2001. The patient was being prescribed Naproxen and Omeprazole. The treatment plan included a corticosteroid injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION OF THE LEFT KNEE: 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 and leg chapter-corticosteroid injections

Decision rationale: The conservative and surgical treatment provided to date was documented. The patient is noted to be status post left knee arthroscopy, which is known to accelerate underlying osteoarthritis of the knee. The provision of corticosteroid injections are recommended for treatment of osteoarthritis of the knee and degenerative joint disease. The patient is diagnosed with OA of the knee s/p arthroscopy/debridement. The patient has met the criteria for a corticosteroid injection as recommended by the CA MTUS for the treatment of osteoarthritis or patellofemoral syndrome to the knee. Evidence-based guidelines recommend the use of a corticosteroid injection for short-term only with the expectations of temporary relief of the inflammation associated with osteoarthritis of the knee. This request is medically necessary.