

Case Number:	CM14-0183101		
Date Assigned:	11/10/2014	Date of Injury:	09/28/2007
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 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:

According to the records made available for review, this is a 56-year-old male with a 9/28/07 date of injury. At the time (10/20/14) of the Decision for Right knee cortisone injection, there is documentation of subjective (low back and right leg pain) and objective (right knee joint tenderness, locking of knee joint, and antalgic gait) findings, current diagnoses (lower leg pain and right knee arthritis), and treatment to date (medications, previous cortisone injection, and physical therapy). Medical report identifies that patient had 10 months of pain relief with previous knee injection. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous knee injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Cortisone Injection: 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 and on Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, and Section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hour; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); failure of conservative treatment (exercise, NSAIDs or acetaminophen); Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; and the number of injections should be limited to three, as criteria necessary to support the medical necessity of corticosteroid injections to the knee. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lower leg pain and right knee arthritis. In addition, there is documentation of previous cortisone injection. However, despite documentation that patient had 10 months of pain relief with previous knee injection; there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous knee injections. Therefore, based on guidelines and a review of the evidence, the request for Right knee cortisone injection is not medically necessary.