

Case Number:	CM14-0183900		
Date Assigned:	11/10/2014	Date of Injury:	03/18/2009
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
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 North Carolina. 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 54-year-old female who reported an injury on 03/18/2009. The mechanism of injury was not stated. The current diagnosis is other postsurgical status. The latest physician progress report is documented on 08/13/2014. The injured worker presented with no change in symptoms. Physical examination was not provided on that date. Treatment recommendations at that time included continuation of the current treatment plan. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right knee injection, DOS: 8/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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 & Leg Chapter, Corticosteroid injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspiration of effusions or cortisone injections are not routinely indicated. The Official Disability Guidelines state intra-articular corticosteroid injections are indicated for

patients who experience symptomatic severe osteoarthritis of the knee. There was no physician progress report submitted on the requesting date of 08/27/2014. There was no mention of symptomatic severe osteoarthritis of the knee. There is no objective evidence of osteoarthritis of the knee. There is no mention of an attempt at any conservative treatment. There is also no mention of an attempt at aspiration and injection of intra-articular steroids. The medical necessity has not been established. Therefore, the request is not medically necessary.

Right knee injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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 & Leg Chapter, Corticosteroid injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspiration of effusions or cortisone injections are not routinely indicated. The Official Disability Guidelines state intra-articular corticosteroid injections are indicated for patients who experience symptomatic severe osteoarthritis of the knee. There was no mention of symptomatic severe osteoarthritis of the knee. There is no objective evidence of osteoarthritis of the knee. There is no mention of an attempt at any conservative treatment. There is also no mention of an attempt at aspiration and injection of intra-articular steroids. The medical necessity has not been established. Therefore, the request is not medically necessary.