

Case Number:	CM14-0184790		
Date Assigned:	11/12/2014	Date of Injury:	09/12/2012
Decision Date:	12/19/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/06/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with date of injury of 09/12/2012. The treating physician's listed diagnosis from 07/10/2014 is right knee pain. According to this report, the patient complains of bilateral knee pain. Her pain level has remained unchanged since her last visit. No new problems or side effects. The patient is taking her medications as prescribed, but reports they are "less effective." The patient underwent right knee arthroscopy on 06/11/2013. The examination shows the patient has a right-sided antalgic gait, slow and wide-based but does not use any assistive devices. Inspection of the right knee revealed surgical scars. Range of motion is restricted. Tenderness to palpation noted over the lateral joint line, medial joint line, and patella. Right knee is stable to valgus and varus stress in extension. There is mild effusion in the right knee joint. The 06/12/2014 report shows that the patient complains of chronic progressive pain in her right knee. Conservative treatments were initiated including physical therapy which provided for moderate pain relief. She received a cortisone injection to the right knee, date of which is unknown, which provided her with "no significant pain relief." She reports right knee pain going down the right foot with associated numbness and tingling in the bilateral legs and feet as well as weakness in the right leg and right foot. The documents include an AME report from 06/23/2014, Qualified Medical Exam reports from 03/31/2014, and 07/11/2014 and progress reports from 12/18/2013 to 10/15/2014. The utilization review denied the request on 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter on corticosteroid injections

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 06/11/2013. The treater is requesting a Steroid Injection to the right knee. The MTUS and ACOEM Guidelines do not address this request; however, ODG on corticosteroid injections states that it is recommended for short term use only. Intra-articular corticosteroid injection results in clinical and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect lasts for 3 to 4 weeks, but is unlikely to continue beyond that. The 06/12/2014 report notes that the patient received a right knee cortisone injection which "provided her with no significant pain relief." MTUS page 8 on chronic pain require satisfactory response to treatment including increased levels of function, decreased pain or improve quality of life. The patient's last knee injection, date unknown, did not result in significant pain relief. The treater does not explain why he wants to try it again. The request for Steroid Injection to the right knee is not medically necessary.