

Case Number:	CM14-0028696		
Date Assigned:	06/20/2014	Date of Injury:	11/07/2013
Decision Date:	08/29/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

The injured worker is a 52-year-old female who reported an injury on 11/07/2013. The mechanism of injury was not stated. Current diagnoses include contusion of bilateral knees, sprain/strain of the bilateral knees, and sprain/strain of the bilateral ankles. The injured worker was evaluated on 02/12/2014 with complaints of bilateral knee pain. Physical examination revealed a mildly antalgic gait, 90 degree flexion, and tenderness to palpation of the joint line on the left. Treatment recommendations included a prescription for ibuprofen 800 mg and a steroid injection into the left knee. It is noted that the injured worker underwent x-rays of the bilateral knees on 11/14/2013 which indicated moderate bilateral medial compartment joint space loss with patellofemoral space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID INJECTION OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as cortisone injections are not routinely indicated. Official Disability Guidelines state prior to intra-articular glucocorticosteroid injections, there should be documentation of symptomatic severe osteoarthritis of the knee. There should also be evidence of a failure to respond to conservative treatment. As per the documentation submitted, there is no mention of an attempt at conservative treatment to include exercise. There is no evidence of symptomatic severe osteoarthritis upon physical examination. Therefore, the injured worker does not currently meet criteria for a steroid injection in the left knee. The request for Steroid Injection Of The Left Knee is not medically necessary.