

Case Number:	CM14-0211702		
Date Assigned:	12/24/2014	Date of Injury:	04/02/2014
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 38-year-old male who reported an injury on 04/02/2014. The mechanism of injury was not specified. His diagnosis includes pain in the joint involving the lower leg. Past treatments included medications, knee brace, physical therapy, and steroid injections. Pertinent surgical history was not provided. A right knee MRI was performed on 07/19/2014, revealing mild anterolateral subcutaneous edema fluid and possible contusion or bursitis. There is absence of meniscus, ligament, or tendon tear. On 08/14/2014, the injured worker complained of ongoing right knee pain which increases with walking on a downward descent. The physical examination of the right knee revealed slight tenderness over the anterior aspect of the knee, as well as slight tenderness on the lateral and medial aspect of the patella tendon. However, there was a lack of an anterior drawer or Lachman's test bilaterally. The documentation also indicated there was no instability of the knee joints to the medial lateral stress, and the range of motion of the bilateral knees was within normal limits. His current medications were noted to include diclofenac sodium, Naprosyn, and pantoprazole. The treatment plan included a right knee injection with ultrasound guidance corticosteroid. A rationale was not provided. A Request for Authorization form was submitted on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Injection without ultrasound guidance corticosteroid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Corticosteroid injections

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, , Corticosteroid injections.

Decision rationale: The request for Right Knee Injection without ultrasound guidance corticosteroid is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques such as cortisone injections are not routinely recommended. More specifically, the Official Disability Guidelines indicate that corticosteroid injections are only recommended for short term use only. Prior to receiving an intra-articular glucocorticosteroid injection, the injured worker should have met at least 5 of the following criteria to include: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate less than 40, less than 30 minutes of morning stiffness, no palpable warmth of synovium, be over the age of 50, have a rheumatoid factor of less than 1 to 4, and synovial fluid signs. There was a lack of documentation to indicate the injured worker had met the criteria of at least 5 to include bony enlargement, bony tenderness, crepitus, an ESR less than 40 mm/hour, less than 30 minutes of morning stiffness, absence of palpable warmth of synovium, and was indicated to be over 50 years of age. In addition, the guidelines do not recommend cortisone injections. Based on the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.