

Case Number:	CM14-0212553		
Date Assigned:	12/30/2014	Date of Injury:	09/22/2008
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 09/22/2008. The mechanism of injury was a trip and fall. Her diagnosis included degenerative joint disease of the knee. Her past treatments have included steroid injections, work modifications, chiropractic treatment and physical therapy. Her pertinent surgical history includes a leg lengthening procedure; which leg is unknown. Diagnostic studies include MRIs and x-rays of the left knee. The injured worker presented on 11/11/2014 for a follow-up of a Synvisc injection on 10/16/2014, to which he stated she did well for about 3 weeks and then noticed a significant amount of swelling in her left knee, and she became concerned and returned to the office. Physical examination of the left knee revealed a very tense effusion within the knee joint. There was no erythema to suggest an infectious process. Under ultrasonic technique, 80 ccs of what appeared to be a noninfectious material was aspirated and sent for culture and analysis; the knee was then injected with lidocaine and Toradol. Her current medications included some oral antibiotics prophylactically after the aspiration. The treatment plan included careful monitoring of the injured worker and for her to return to the office in 1 week for a followup examination. The rationale for the request was not provided. The Request for Authorization form was dated 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Aspirate left knee effusion, performed on 11/11/14: Overturned

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): 346-347.

Decision rationale: The retro request for Aspirate left knee effusion, performed on 11/11/14 was medically necessary. The injured worker has left knee pain. The injured worker had an acute "tense effusion" in setting of a history of multiple procedures on her knee. The knee had to be drained for diagnostic as well as therapeutic reasons. Acute joint swelling in that setting can indicate joint sepsis even without erythema or fever. The California ACOEM Guidelines recommend aspirations of tense acute effusions. Given the above, the request for (Retro) Aspirate left knee effusion, performed on 11/11/14 was medically necessary.

(Retro) Injection of 0.25% marcaine with epinephrine, 2cc decadron and 2cc toradol (60mg) in left knee joint, using ultrasound, performed on 11/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

Decision rationale: The request for (Retro) Injection of 0.25% marcaine with epinephrine, 2cc decadron and 2cc toradol (60mg) in left knee joint, using ultrasound, performed on 11/11/14 was medically necessary. The injured worker has left knee pain. The injured worker had an acute "tense effusion" in setting in setting of a history of multiple procedures on her knee. The knee had to be drained for diagnostic as well as therapeutic reasons. Acute joint swelling in that setting can indicate joint sepsis even without erythema or fever. However, after aspiration under ultrasonic technique, the material was sent for culture and analysis; the knee was then injected with lidocaine and Toradol and the injured worker was given oral antibiotics prophylactically. As such, the request for (Retro) Injection of 0.25% marcaine with epinephrine, 2cc decadron and 2cc toradol (60mg) in left knee joint, using ultrasound, performed on 11/11/14 was medically necessary.