

Case Number:	CM14-0213144		
Date Assigned:	12/30/2014	Date of Injury:	08/25/2004
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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 patient is a 58-year-old male with a date of injury of 08/25/2004. The patient is status post arthroscopic shaving and debridement of the medial femoral condyle with a partial medial enisectomy, resection of the medial plica on 10/25/2005. The patient has done fairly well over the years and does not require any surgery at this point, although he eventually may need a knee replacement. Conservative care has been working fairly well. Examination revealed abnormal gait. There is palpable crepitus noted. The patient moves somewhat slowly, but motor tone and sensation remain intact. It was noted that the patient has had previous injections before and the current cold weather has caused a flareup in pain. The listed diagnosis is osteoarthritis, unspecified whether generalized or localized involving lower leg. Treatment plan is for Marcaine and Depo-Medrol injection in the bilateral knees and neoprene knee brace with a patella cutout. The Utilization Review denied the request on 11/19/2014. Treatment reports from 05/29/2014 through 11/06/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Marcaine Depo Medrol Bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic) chapter, Corticosteroid injections

Decision rationale: This patient presents with chronic bilateral knee pain. The current request is for injection, Marcaine and Depo-Medrol, bilateral knees. ODG Guidelines, Knee and Leg (Acute and Chronic) chapter, Corticosteroid injections states: "ODG guidelines on cortisone injection for knee: Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; etc.." The treating physician notes, "we have been working with conservative care over the years trying to keep him out of the operating room, and so far this has been successful." Review of the medical file indicates the patient has received 5 Hyalgan injections, but there is no indication the patient has trialed corticosteroid injection in the past. Based on ODG guidelines, the patient's knee pain may be reduced, at least for short-term and corticosteroid injections are recommended for osteoarthritis which this patient suffers from. The request is medically necessary.