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| Case Number: | CM14-0213193 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 07/15/2003 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/20/2014 |
| 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: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 61-year-old female who was injured on July 15, 2003. The patient continued to experience pain in her left knee. Physical examination was notable for slight limp with ambulation, full range of motion of the left knee, minimal amount of pain on palpation of the left knee, mild patellar grind, and positive McMurray's test left knee. MRI of the left knee showed severe osteoarthritis of the left knee. Diagnoses included bilateral knee osteoarthritis. Treatment included home exercise program, physical therapy, TENS unit, corticosteroid injections, and medications. Request for authorization for left knee corticosteroid injection was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee corticosteroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- knee and Leg, Corticosteroid injections

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

Decision rationale: Corticosteroid injections are 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. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The patient should have documented evidence of severe osteoarthritis, which requires knee pain and five of the following criteria. (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³) In this case the patient has severe osteoarthritis of the left knee by MRI. However the diagnosis of osteoarthritis must be supported by the presence of 5 the above listed criteria. Criteria for the diagnosis of severe osteoarthritis have not been met. Steroid injection of the knee is not indicated. The request should not be authorized.