

Case Number:	CM15-0010639		
Date Assigned:	01/28/2015	Date of Injury:	07/07/2013
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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 & 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 26 year old female with a date of injury as 07/07/2013. The current diagnoses include chronic pain, lumbosacral radiculitis, derangement of left knee. Previous treatments include medications and chiropractic treatments. Report dated 11/19/2014 noted that the injured worker presented with complaints that included low back pain, and left knee pain. Physical examination revealed tenderness in the lumbar spine with spasm, and trigger points. MRI of the left lower extremity dated 11/18/2014 was included for review. Utilization review performed on 12/24/2014 non-certified a prescription for left intra-articular knee injection based on lack of supporting clinical findings. The reviewer referenced the California Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left intra-articular knee injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with left knee derangement and complains of continued pain. The current request is for LEFT INTRA-ARTICULAR KNEE INJECTION. The Utilization review denied the request stating that there is lack of detailed and objective and abnormal examination findings documented to the knee. MRI of the knee showed trace joint effusion, signal heterogeneity of the patellar articular cartilage. ODG Guidelines, Knee & Leg (Acute & 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 Intra-articular 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;" This patient suffers from left knee derangement, but the MRI provided no documentation confirming severe arthritis to warrant cortisone injection for the knee. This request IS NOT medically necessary.