

Case Number:	CM15-0011812		
Date Assigned:	01/29/2015	Date of Injury:	11/12/2001
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
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, 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 68-year-old female who reported an injury on 11/12/2001. The mechanism of injury was a fall. She is diagnosed with osteoarthritis of the right knee, patellofemoral syndrome, and status post arthroscopic meniscal repair and chondroplasty on 09/05/2014. Her past treatments were noted to include physical therapy, home exercise, use of a TENS unit, trigger point injections, medications, and cortisone injection into the right knee. It was noted that her previous cortisone injection had provided temporary benefit times 10 days. At her followup visit on 12/08/2014, the injured worker reported intermittent swelling and pain of the right knee. Physical examination revealed mild to moderate venous stasis changes, medial local edema, and motion from 0 to 130 degrees. It was noted that she had a possible hematoma and possible DVT. It was also noted that a cortisone steroid injection was recommended. However, a specific rationale for this injection was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Cortisone Injection without Ultrasound Guided: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Knee & leg, Corticosteroid injections.

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques such as corticosteroid injections and aspiration are not routinely indicated. More specifically, corticosteroid injections may be recommended for patients with symptomatic severe osteoarthritis with pain not controlled adequately by recommended conservative treatments and that interferes with functional activities. The guidelines also state corticosteroid injections are generally performed without fluoroscopic or ultrasound guidance as conventional anatomical guidance is adequate. The clinical information submitted for review indicated that the injured worker has symptomatic osteoarthritis of the right knee and had recently undergone surgical intervention to include a meniscal repair and chondroplasty. Documentation also shows that she had tried and failed physical therapy, medications, and home exercise. While a cortisone injection may be appropriate, the documentation failed to show physical examination findings suggestive of severe osteoarthritis such as bony enlargement, tenderness, or crepitus. Additionally, the documentation did not indicate that the injured worker's pain was interfering with her functional activities. Moreover, a rationale for the use of ultrasound guidance was not provided. For these reasons, the request is not medically necessary.