MAXIMUS Federal Services

Case Number:	CM15-0014677		
Date Assigned:	02/02/2015	Date of Injury:	06/19/2012
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 29 year old male patient, who sustained an industrial injury on 06/19/2012. A QME report dated 10/01/2014 reported the patient still with same complaint of leff knee issues. He is found with positive anterior drawer sign to the left knee. He also has some laxity of the lateral collateral knee ligament and marked atrophy fo the left thigh, even over two inches in difference. A surgical procedure note dated 04/29/2014 reported the patient having undergone left knee ACL ligament reconstruction with allograft; left knee popliteal fibular reconstruction with allograft; left knee local tissue augmentation postlateral corner; local anesthetic placement with intraarticular and superficail injections and common peroneal neruolysis. A equest was made for a steroir injection to the Pes Anserinus. On 12/19/2014 Utilization Review non-certified the request, noting the Officail Disability Guidelines, Knee/ Leg was cited. The injured worker submitted an application on 01/26/2015 for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) steroid injections to the Pes Anserinus: 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 Chapter, Corticosteroid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Corticosteroid injections

Decision rationale: Pursuant to the Official Disability Guidelines, three steroid injections to Pes Anserinus is not medically necessary. Corticosteroid injections are recommended for short-term use only. Criteria for intra-articular steroid injections include, but are not limited to, documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least five of the following: bony enlargement, bony tenderness, crepitus, and ESR less than 40 mm/h; less than 30 minutes of morning stiffness; no warmth of synovium; over 50 years of age; rheumatoid factor less than 1:40; synovial fluid signs (clear fluid and normal viscosity). Not controlled adequately by recommended conservative treatment (exercise, nonsteroidal anti-inflammatory's or acetaminophen), pain interferes with functional activities, intended for short-term control of symptoms to resume conservative medical management, only one injection should be scheduled to start, rather than a series of three, a second injection is not recommended if the first has resulted in complete resolution of symptoms or if there has been no response; etc. In this case, the injured worker's working diagnosis is Pes Anserinus. He injured worker had to left knee surgeries. An MRI of the left knee from January 28, 2013 showed postoperative changes of anterior cruciate ligament reconstruction. The medical record does not contain any treating physician/orthopedic documentation regarding the request for corticosteroid injections. The utilization review provides a summary of clinical findings to date. The guidelines state conservative care should be rendered first. The injured worker is not taking any anti-inflammatory medication. The injured worker is 29 years old. Only one injection should be scheduled to start, rather than a series of three. Consequently, absent clinical indications according to the recommended guidelines, conservative management should be rendered to the injured worker and a series of 3 steroid injections to Pes Anserinus are not medically necessary.