

Case Number:	CM15-0111746		
Date Assigned:	06/18/2015	Date of Injury:	07/22/2011
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 7/22/2011, from continuous trauma while employed as a waiter. The injured worker was diagnosed as having symptomatic meniscus tears and degenerative arthrosis, right and left knee. Treatment to date has included diagnostics, chiropractic, acupuncture, physical therapy, and medications. Magnetic resonance imaging scans of the right and left knees were documented as showing degenerative changes with medial and lateral meniscus tear on the right knee, as well as a medial meniscus tear on the left knee. Currently, the injured worker complains of pain, swelling, and catching in both knees. Most of his pain occurred during the course of his day and was occasional at night. Exam noted a left antalgic gait. Inspection of both knees noted mild effusion and range of motion 5-125 degrees. Exam also noted medial and lateral facet tenderness, medial joint line tenderness, and positive McMurray's testing. The treatment plan included intra-articular cortisone injection to both the right and left knee. Urine toxicology reports (1/29/2015 and 5/13/2015) noted no drugs reported or detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular cortisone injection for bilateral knees QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: The MTUS guidelines state that Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection. Per the ODG, 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 number of injections should be limited to three. The short-term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed. In this case, there is no diagnostic or clinically objective evidence of osteoarthritis, therefore, the request for intra-articular cortisone injection for bilateral knees QTY: 2 is not medically necessary.