

Case Number:	CM15-0113895		
Date Assigned:	06/22/2015	Date of Injury:	09/23/2007
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, 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 applicant is a represented 65-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of September 23, 2007. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for a knee cortisone injection. The claims administrator referenced a May 5, 2015 progress note and an associated RFA form in its determination. The claims administrator noted that the applicant had undergone a transtibial amputation of the left lower extremity but stated that the injection in question was intended for the right knee. A May 5, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a March 19, 2015 progress note, the applicant was described as having undergone a left below the knee amputation on a non- industrial basis. The applicant had issues with right lower extremity reflex sympathetic dystrophy (RSD), it was also reported. 5/10 pain complaints were noted. The applicant was apparently using crutches to move about, it was acknowledged. The applicant was not currently employed, it was reported. Permanent work restrictions imposed by a medical-legal evaluator were renewed, seemingly resulting in the applicant's removal from the workplace. A power wheelchair was endorsed. On May 5, 2015, the applicant again reported ongoing complaints of right knee pain. The applicant was using crutches to move about and reported upper extremity pain and associated symptoms of the same. 6-7/10 pain complaints were noted. The applicant was on Lyrica, Prilosec, tramadol, and Tylenol, it was reported. The applicant was not working, it was acknowledged. The applicant exhibited mild effusion about the right knee with patchy

erythema and decreased range of motion to 95 degrees. Allodynia throughout the lower extremities was noted. A cortisone injection to the right knee was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41.

Decision rationale: No, the request for a cortisone injection to the right knee was not medically necessary, medically appropriate, or indicated here. The primary operating diagnosis involving the right lower extremity stated by the attending provider was reflex sympathetic dystrophy (RSD) or complex regional pain syndrome (CRPS). However, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines does not establish a role for unspecified cortisone injections in the treatment of complex regional pain syndrome (CRPS). Rather, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines establishes a limited role for sympathetic blocks to treat complex regional pain syndrome and, for non-responders, somatic blocks or epidural infusions. Here, the attending provider did not clearly state what diagnosis, and/or issue the cortisone injection was intended to target. The MTUS Guideline in ACOEM Chapter 13, page 339 also notes that invasive techniques involving the knee such as the cortisone injection in question are "not routinely indicated." Here, again, the attending provider failed to augment the request via the May 5, 2015 progress note in question. Therefore, the request was not medically necessary.