

<b>Case Number:</b>	CM15-0117425		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 9/9/11. The injured worker was diagnosed as having severe osteoarthritis of the right knee, obesity, and deconditioning. Treatment to date has included medication such as Flexeril, Neurontin, Voltaren gel, and Mentherm gel. Physical examination findings on 1/7/15 included flexion of the right knee was 80 degrees and extension was 10 degrees. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for 1 Cortisone injection for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection, right knee, QTY: 1:** 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): 346.

**Decision rationale:** According to MTUS guidelines, there is no strong evidence of the efficacy of cortisone knee injections. The medical records provided do not support the use of these injections. Therefore, the request for cortisone injection to the right knee is not medically necessary.