

Case Number:	CM15-0118935		
Date Assigned:	07/06/2015	Date of Injury:	03/06/2015
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 35-year-old male who sustained an industrial injury on 3/6/2015 resulting in left knee pain and swelling. The injured worker was diagnosed with tear of medial and lateral cartilage or meniscus of the left knee. Treatment has included physical therapy evaluation, stabilization, and medication with his reporting minimal pain relief. The injured worker continues to present with pain, swelling, and uncomfortable knee popping. The treating physician's plan of care includes left knee cortisone injections. Report of 4/10/2015 states he can perform sedentary work, but actual work status is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injections: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Corticosteroid injections.

Decision rationale: Regarding the request for a knee cortisone injection, CA MTUS and ACOEM cite that cortisone injections are not routinely indicated. ODG states that intra-articular 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. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of: 1) severe osteoarthritis of the knee with knee pain; 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; 4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Guidelines go on to state that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; the number of injections should be limited to three. Within the documentation available for review, there is no documentation of severe osteoarthritis of the knee. As such, the currently requested knee cortisone/lidocaine injection is not medically necessary.