

Case Number:	CM15-0128325		
Date Assigned:	07/15/2015	Date of Injury:	03/22/2014
Decision Date:	08/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male patient who sustained an industrial injury on 03/22/2014. The accident was described as while working he was bending up and twisting to the right, and his left foot popped as he was turning and twisting with resulting pain in knee. The pain radiates into the hip and is associated with clicking, popping, weakness and giving way. Current medications are: Advil, Motrin and Vicodin. A recent primary treating office visit dated 03/12/2015 reported subjective complaint of left knee pain. The patient is status post left knee arthroscopy on 08/01/2014 including medial meniscectomy, synovectomy and chondroplasty. He also had an injections administered 12/18/2014. A magnetic resonance imaging study done on 05/28/2014 showed a medial meniscal tear, degenerative joint disease, and a large popliteal cyst. The following diagnoses were applied: chondromalacia, ongoing left knee pain, and minimal relief with injection. There is recommendation for another injection is administered to the left knee. He is to return to a modified work duty and follow up in 6 weeks. A follow up dated 04/23/2015 reported unchanged subjective complaint, medication management, treating diagnoses or plan of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-Corticosteroid injections.

Decision rationale: Cortisone injection left knee is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is no research based evidence to support repeated corticosteroid injections for the knee. The ODG states that there should be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Furthermore, the ODG states that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. The ODG also states that with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option and the number of injections should be limited to three. The documentation is not clear that the patient has documented severe knee osteoarthritis and there is documentation that prior injections provided minimal relief. For these reasons, the request for a cortisone injection of the left knee is not medically necessary.