

Case Number:	CM15-0175098		
Date Assigned:	09/16/2015	Date of Injury:	01/21/2015
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 01-21-2015. The injured worker is currently off work and temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar spine myofasciitis, lumbar spine sprain-strain, and internal derangement of right knee. Treatment and diagnostics to date has included "x-ray mild narrowing of the right patella femoral joint" noted on progress note dated 05-05-2015. In a progress note dated 07-28-2015, the injured worker reported pain in back and both knees. Objective findings included limp favoring right leg, tenderness to lumbar spine and right knee at the joint line, and positive compression test. The request for authorization dated 08-05-2015 requested MRI right knee without contrast, pain management consultation, and right knee cortisone injection under ultrasound needle guidance. The Utilization Review with a decision date of 08-12-2015 non-certified the request for MRI right knee without contrast and right knee cortisone injection under ultrasound needle guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM chapter on knee complaints describes that MRI is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical indication. The submitted medical records do not describe a concern for ACL tear and do not indicate any plan for surgical intervention. As such, right knee MRI is not medically necessary.

Right knee cortisone injection under US needle guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter, Corticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injection.

Decision rationale: CA MTUS is silent on the utility of steroid injection of the knee. ODG Knee chapter offers the following guidelines. Corticosteroid injection may provide limited and short term relief for osteoarthritis of the knee. There is no support for more than three injections. Criteria includes severe osteoarthritis according to American College of Rheumatology guidelines which includes knee pain and at least five of the following (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). Conservative therapies including NSAIDs, APAP and exercise should have failed to control symptoms or been intolerable. Pain should interfere with daily function. Only one injection should be scheduled initially. Repeat injections may be considered, up to three total, if an initial response is produced. In this case, the diagnosis is "internal derangement of the knee", not osteoarthritis. Cortisone injection of right knee is not medically necessary.