

<b>Case Number:</b>	CM15-0179375		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/30/2007
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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  
 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 60 year old male, who sustained an industrial injury on 6-30-2007. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include right knee internal derangement and bilateral knee arthritis. Currently, he complained of right greater than left knee pain. On 7-24-15, the physical examination documented tenderness to the joint bilaterally; decreased range of motion, and ambulation was with a cane. The plan of care included a right knee joint injection administered on this date. The appeal requested authorization for a 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 for the right knee (Marcaine 1.5%, 1 cc Depomedrol 40mg/ml 0.5%, 1/2 cc Lidocaine-HCL 1.5%, 1 cc Ethyl Chloride): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on knee complaints states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. The patient has no red flags or signs of serious knee pathology on exam. There is no joint instability. Therefore, the request is not medically necessary.