

Case Number:	CM14-0153701		
Date Assigned:	09/23/2014	Date of Injury:	07/09/2003
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 553 pages provided for this review. The application for independent medical review was signed on September 12, 2014. It was for a knee aspiration injection. Per the records provided, the diagnosis was villonodular synovitis involving the lower leg. The claimant is a 58-year-old female who was injured back in the year 2003, now 11 years ago. She was reportedly lifting a 66 pound machine. The diagnoses included status post revision of a left total knee arthroplasty on June 2, 2014. The current medicines included Oxycodone, but the dose and frequency was not provided. She had a revision left knee total arthroplasty in June of 2014. An x-ray of the left knee done on August 19, 2014 showed satisfactory alignment and fixation of both revision components. There had been 12 sessions a postoperative physical therapy. The provider was requesting the aspiration reportedly to send the synovial fluid for cell count with differential, crystal evaluation, culture and Gram stain. There was noted the patient had a new onset of left knee pain occurring at night accompanied by effusion that was not there previously. The concurrent request for lab work to evaluate the possibility of infection is supported. However this additional invasive test was at present non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee aspiration injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Preoperative lab testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: the MTUS, injections should be reserved for patients who do not improve with more conservative therapies. In this case, it is not clear what the purpose of simple aspiration of fluid from the knee is intended to do. It is not clear if perhaps infection is suspected, and the aspirate is needed to diagnosis and infection or perhaps gout arthritis. If injection of substances is proposed, steroids can weaken tissues and predispose to reinjure. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The request is not medically necessary due to a lack of intent and key clinical information suggesting a solid clinical basis for knee aspirate analysis.