

Case Number:	CM13-0023119		
Date Assigned:	11/15/2013	Date of Injury:	01/13/2011
Decision Date:	01/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, left wrist, left hand, right wrist, and upper back pain reportedly associated with an industrial injury of January 13, 2011. The applicant has, it is incidentally noted, additionally filed for derivative psychological stress. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing of January 16, 2013, notable for chronic multilevel radiculopathy; and reported return to regular duty work. In a utilization review report of August 23, 2013, the claims administrator certified the request for Exalgo, Norco, and a referral to an orthopedic knee surgeon while denying a request for knee corticosteroid injection. The applicant's attorney later appealed, on September 11, 2013. An earlier note of August 13, 2013 is notable for comments that the applicant is using Exalgo without any seeming benefit. She continues to use six Norco a day. She reports 5 to 8/10 knee pain. She has had previous knee steroid injections which have been helpful. She will like to obtain repeat steroid injection. She exhibits tenderness about the patellar and suprapatellar bursa. She has given a diagnosis of chondromalacia patella of the injured knee. Medications were refilled. The applicant has returned to regular duty work as a field analyst and asked to obtain a knee corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg and McKesson Interqual Clinical Evidence Summary, Osteoarthritis, Knee pg. 3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 13, table 13-6, repeated corticosteroid injections are considered "optional." A review of the records provided indicates that in this case, however, it appears that the applicant has exhausted other conservative treatments, including analgesic medications, physical therapy, etc. She has not seemingly had any recent knee corticosteroid injections. Given her favorably response to prior knee steroid injection therapy as manifested by her successful return to regular duty work. It is incidentally noted that the "optional" MTUS recommendation in ACOEM chapter 13 is augmented by that of the third edition ACOEM Guidelines, which endorse corticosteroid injections with or without aspiration as a treatment for bursitis/nonspecific knee pain, seemingly present here. The request for steroid injection for the left knee is medically necessary and appropriate.