

<b>Case Number:</b>	CM13-0042542		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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:

This is a 34-year-old female with a 4/15/16 date of injury; she twisted her knee while assisting a patient. A progress note dated 8/6/13 noted the patient complained of right knee pain, 6/10 at rest and 10/10 with activity. A prior injection to the right knee was noted to give a short duration of minimal relief. Exam findings revealed a mildly antalgic gait, and extension to 130 degrees with patellofemoral crepitus. Quadriceps strength was noted to be 5-/5. The diagnosis is right knee traumatic chondromalacia patella, and right knee bone contusion with resolving microtrabecular injury. A 7/25/13 MRI of the right knee revealed mild medial patellar facet chondral thinning with no internal derangement. Treatment to date has been chiropractic treatments, medications, use of a TENS unit, a knee brace, and steroid injections on 7/19/13 and 8/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CORTICOSTEROID INJECTION RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Official Disability Guidelines state that steroid injections can last from 4-8 weeks, and no more than three are recommended per year. This patient is not yet a surgical candidate, but she has had two prior steroid injections with little to minimal pain relief. Another injection would be unlikely to result in any significant pain relief, as there was no re-injury or additional acute trauma to the right knee. MRI shows no evidence of internal derangement. Therefore, the request for a corticosteroid injection to the right knee is not medically necessary.