MAXIMUS Federal Services

Case Number:	CM13-0049699		
Date Assigned:	12/27/2013	Date of Injury:	04/27/2010
Decision Date:	06/05/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery and is licensed to practice in Kansas. 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:

The claimant sustained a work related injury on 4/27/2010. The detail mechanism of injury is not mentioned in the case file. Clinical examination on 9/18/13 reveals symptoms of low back pain and severe right knee pain. The exam documents clinically anterior joint line tenderness present, with positive McMurray's test for meniscus injury, and antalgic gait. The initial diagnosis was right knee pain, knee strain, low back pain, chronic pain, and knee capsulitis. Diagnostic x-ray reveals knee arthritis. Previous MRI report on 7/2013 documented the ACL reconstruction, the meniscal abnormality and arthritic changes. As per medical records dated 9/18/13 patient is on medication which include naproxen 550mg 12 hourly for improving pain and inflammation, topamax 50 mg 1-2 tab in a day for nerve pain, topical keto cream 2 percent, protonix (pantaprazole) 20mg tab 1-2 in a day and norco 10/325 (hydrocodone/apap) every 6 hours for break through pain. Claimant underwent subtutal lateral meniscectomy surgery on 11/29/2010 and another knee surgery noted in 2005. Reason for the request is diagnostic steroid injection to see if it helps temporarily, symptomatically, and with functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE STEROID INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Corticosteroid injections.

Decision rationale: As per ODG guidelines intraarticular glucocorticosteroid injections are recommended for the treatment of knee osteoarthritis especially for short-term control of symptoms. ACOEM Knee disorders are not germane to post operative care. The request of steroid injection is to see if it helps temporarily,symptomatically, and functionally. There isn't a need to verify if conservative measures having been exhausted since the claimant has already had surgery and was continuing to have problems. He has already been prescribed medications on a chronic basis and this injection was for temporary relief of symptoms to go to other techniques. The claimant is well into the chronic phase of care. Conservatives measures would not have addressed the current problem. Considering the ACOEM guidelines, diagnosis of chronic knee pain and arthritis of the knee joint the use of steroid injection is medically necessary. Therefore the request for right knee steroid injection is medically necessary and appropriate.