

Case Number:	CM13-0054617		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2011
Decision Date:	03/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, 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. 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 patient is a 40-year-old male who sustained an unspecified work-related injury on 1/31/11. The patient was seen on 10/10/13 for medication-related purposes. Physical examination findings included right knee decreased weight bearing pain. Documentation submitted for review indicated that the patient had previously undergone a right knee injection. It was noted the previous injection improved the patient's ability to walk.

IMR ISSUES, DECISIONS AND RATIONALES

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

a right knee steroid 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337,346.

Decision rationale: The ACOEM states that invasive techniques such as needle aspiration or cortisone injections are not routinely indicated. Furthermore, the documentation submitted for review did not indicate the need for an additional steroid injection. The patient previously had undergone a corticosteroid injection and had relief; however, as the patient did not have noted functional deficits upon evaluation, the need for an additional corticosteroid injection is not

supported. Given the information submitted for review, the request for a right knee steroid injection is non-certified.