

Case Number:	CM13-0056045		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2012
Decision Date:	03/31/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 04/25/2012 after a slip and fall that reportedly caused injury to multiple body parts to include the left knee. The patient underwent an MRI in 08/2013 that showed severe tricompartmental osteoarthritis, severe meniscal degenerative changes, and degenerative changes to the patient's ACL evidence of a medial meniscal tear. The patient's treatment history included acupuncture and medications. The patient's most recent clinical examination findings included persistent left knee pain. The patient's diagnoses included knee joint pain and medial meniscus tear. A recommendation was made for a left knee steroid injection and orthopedic consultation for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG)-

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

Decision rationale: The requested left knee steroid injection is not medically necessary or appropriate. American College of Occupational and Environmental Medicine do recommend

steroid injections as an option in the treatment of a patient's knee pain. However, clinical documentation submitted for review fails to identify any active therapies that would benefit from an adjunct therapy such as a steroid injection. Additionally, the clinical documentation does indicate that the patient is recommended to have a referral to an orthopedic surgeon. The results of that evaluation would be needed to determine the appropriateness of a left knee steroid injection. As such, the requested left knee steroid injection is not medically necessary or appropriate.