

Case Number:	CM13-0058532		
Date Assigned:	12/30/2013	Date of Injury:	09/10/1996
Decision Date:	03/26/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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 Internal 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. 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 a 68-year-old status post injury 9/10/96. The patient was seen 10/21/13 for follow up evaluation of knee pain. The patient's subjective findings included pain in the right knee, rated 7-8/10 in severity, described as aching, burning, radiating, sharp, shooting, tender, stiff, with difficulty walking. Treatments have included conservative treatment modalities, medication, Supartz injections, and surgery. Objectively the right knee was tender to palpation with a full range of motion. Diagnoses include status post right shoulder surgery for impingement, exacerbation of right shoulder interarticular pathology, cervicgia, lumbalgia, bilateral knee pain and buckling, full thickness rotator cuff tear right shoulder, lumbosacral spinal pain, right knee meniscal tear, medial compartment and patellar chondromalacia confirmed by MRI. The disputed issue is 40mg Depo Medrol and 10mg of Kenalog for the right knee for DOS 11/6/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

40 mg Depo Medrol and 10 mg Kenalog for the right knee, obtained on November 6, 2013:
Overturned

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): 454.

Decision rationale: The review of the records submitted indicated that the patient had chronic knee pain due to a old injury with the evidence of the degenerative tear of the tear of the posterior horn of the meniscus, mild and medial compartmental and patella condromalacia and evidence of the osteophythisis, and therefore the patient had received at least 3 injections of the depomedrol which at least one of them was denied (the depomedrol given on 10/25). The nee Complaints Chapter of the ACOEM Practice Guidelines recommend the Intra-articular glucocorticosteroid injections for knee osteoarthritis especially for short-term control of symptoms. The request for 40 mg Depo Medrol and 10 mg Kenalog for the right knee, obtained on November 6, 2013, is medically necessary and reasonable.