

<b>Case Number:</b>	CM13-0066261		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Family Practice, has a subspecialty in Pain Management, 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:

52-year-old male claimant sustained a work related injury on August 24, 2013 that resulted in chronic left knee pain. Due to mild swelling he was advised to use a left knee immobilizer. An MRI on October 18, 2013 showed degenerative meniscal findings. His pain was managed with opioids and nonsteroidal anti-inflammatories. On 9/12/13 his pain was 0/10 on Norco and Ibuprofen . There was tenderness in the medial and lateral ligaments. An examination report on October 29 , 2013 noted small joint diffusion in the left knee with occasional clicking as well as five out of 10 pain. An authorization was requested for a corticosteroid injection. An exam note on January 2, 2014 stated he had 4/10 pain in the left knee. Objective findings including a slight limp . He had a diagnosis of a left knee strain with degeneration

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid Injection Request x 1 for the Left Knee: 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)--- Treatment in Worker's Compensation, Online Edition, Chapter Knee and Leg: Corticosteroid Injections

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

**Decision rationale:** According to the ACOEM guidelines: corticosteroid injections to the knee are optional. The injections are not routinely indicated. There was no documentation regarding failure, lack of improvement or intolerance to conservative measures such as knee brace, therapy and medications. A month prior to the request the employee had done well on Norco and Ibuprofen. The use of steroid injection is not medically necessary