

Case Number:	CM14-0009799		
Date Assigned:	02/21/2014	Date of Injury:	08/14/2009
Decision Date:	08/06/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/26/2014

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 Anesthesiology, has a subspecialty in Pain 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 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 injured worker is a 45-year-old male, who sustained an injury to his right knee on 08/14/09, due to his usual and customary duties. The injured worker developed the injury from repetitive duties. The treatment to date has included a walking program, light stretching, bracing, and management with medications. The clinical note dated 12/17/13, reported that the injured worker presented for steroid injections of the right knee. The risks and benefits were discussed with the injured worker. A physical examination noted slow gait without limp; no effusions, erythema or warmth; range of motion 0 to 130 degrees; medial, lateral and patella femoral tenderness; positive McMurray's sign. An MRI of the right knee reportedly revealed tricompartmental arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee intraarticular injection with lidocaine, marcaine, and kenalog: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Corticosteroid injections.

Decision rationale: The medical records provided for review did not indicate if the injured worker had a response to the 12/13/13 steroid injection. The Official Disability Guidelines states that a second injection is not recommended if the first has resulted in complete resolution of symptoms or if there has been no response. Given this, the request for right knee intraarticular injection with Lidocaine, Marcaine, and Kenalog is not indicated as medically necessary.