

<b>Case Number:</b>	CM14-0108156		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/30/2004
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Family 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 53 year old female whose date of injury is 07/30/2004. On this date she fell in a hole while cleaning. X-ray of the left knee dated 03/12/12 is a normal study with no significant abnormalities and no significant joint space narrowing. The injured worker underwent left knee steroid injection on 05/01/12 and 01/18/14. Treatment to date also includes physical therapy. She had 20% relief of symptoms from this procedure. Diagnoses are left knee chondromalacia patella, left shoulder bursitis and mild impingement, and left knee small undersurface tear of the medial meniscus. Note dated 07/30/14 indicates that the injured worker underwent left shoulder and left knee injection on 06/04/14 with 20% improvement. Left knee pain is rated as 3/10. Left knee exam revealed no swelling, deformity or effusion. Range of motion is 0-120 degrees. Strength is 4/5 quadriceps and 5-/5 hamstrings. Sensation is intact. Deep tendon reflexes are normal.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**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:** Based on the clinical information provided, the request for left knee steroid injection is not recommended as medically necessary. The injured worker reports only 20% pain relief after prior left knee injections. There are no updated radiographic reports submitted for review. The x-rays performed in 2012 are reported to be normal with no significant abnormalities and no significant joint space narrowing. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.