

Case Number:	CM14-0014058		
Date Assigned:	02/26/2014	Date of Injury:	07/22/2003
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate this patient was injured on July 22, 2003. There are ongoing complaints of right knee pain. The progress note from January indicated no new problems, side effects and the knee is unchanged. A repeat contusion was noted several weeks prior. The pain level is noted be 7/10. A prior steroid injection was completed six months prior with an 80% pain reduction. The clinical assessment from March, 2011 noted previous steroid injections, and a protocol of three times a year steroid injections was outlined. The injured employee continues to take oral analgesics and nonsteroidal medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); KNEE CHAPTER; UPDATED JUNE, 2014

Decision rationale: Neither ACOEM or MTUS addresses topic. ODG was referred to. The injections are recommended for short-term use only. Given that the beneficial utilization period

or osteoarthritic knee pain is approximately one week, taking into consideration the date of injury, and the pathology noted, there is no clinical indication for the continuing use of this short-term intervention. Therefore, the request for right knee steroid injection is not medically necessary and appropriate.