

Case Number:	CM14-0132731		
Date Assigned:	09/30/2014	Date of Injury:	06/13/2011
Decision Date:	10/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine and is licensed to practice in Washington And Virginia. 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:

This is a 32 year old patient who sustained injury on June 13 2011. She had arthroscopic knee surgery on the right knee. On Sep 24 2014, she was seen by [REDACTED] for right knee pain. There was concern for right knee pain radiculopathy. She was also diagnosed with lumbar pain to rule out nucleus pulposus. She was prescribed Tylenol number three. She had ongoing pain issues. . She then developed complex regional pain syndrome and had ongoing issues with right knee pain. She was diagnosed with arthrofibrosis and residual right knee derangement. It was prescribed that the fat pad be injected with cortisone to see if this would shrink the fat pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJ, SC, IM, IV (WAS THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC):

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (Web 2014), Criteria for intraarticular glucocorticosteroid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/22149697>

Decision rationale: This patient had ongoing right knee following surgery and multiple conservative modalities had been tried. These were unsuccessful. American College of Occupational and Environmental Medicine (ACOEM) and California Medical Treatment Utilization Schedule (MTUS) do not specifically address injection of fat pad injection with steroid to reduce pain; other guidelines were sought. This intervention has been found to be useful and would be medically indicated.