MAXIMUS Federal Services

Case Number:	CM14-0183654		
Date Assigned:	11/10/2014	Date of Injury:	05/09/2009
Decision Date:	12/18/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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:

Clinical Summary: The applicant is a represented [redacted] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 9, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier knee surgeries; a knee brace; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated October 25, 2014, the claims administrator denied a request for knee corticosteroid injection therapy, invoking non-MTUS-Official Disability Guidelines, despite the fact that the MTUS did address the topic. The claims administrator stated that its decision was based on an October 20, 2014 Request for Authorization (RFA) Form and associated progress notes. Progress notes which the claims administrator referenced in its medical evidence log, however, were not summarized. The applicant's attorney subsequently appealed.In an August 5, 2014 Medical-legal Evaluation, the applicant presented with ongoing complaints of shoulder and knee pain. The applicant was not working, it was acknowledged. The applicant was on Neurontin, Norco, and Desyrel. The applicant was given a 15% whole-person impairment rating for the shoulder. The medical-legal evaluator stated that periodic shoulder injections were reasonable. The bulk of the medical-legal report focussed on issues with the applicant's shoulder.The applicant did undergo a left knee arthroscopy with ACL reconstruction surgery on September 29, 2009. On February 24, 2014, the applicant was described as having ongoing issues with knee pain, clicking, and popping. The applicant was given a diagnosis of internal derangement of the knee status post ACL reconstruction surgery and meniscectomy surgery. The applicant was given refills of Norco, Desyrel, and Protonix. On September 5, 2014, the applicant again reported neck, shoulder, and knee pain complaints. The applicant had developed derivative complaints of depression. The

applicant was no longer working, it was acknowledged. Additional physical therapy, shoulder corticosteroid injection therapy, Norco, Trazodone, and an MR arthrogram were sought.In an October 6, 2014 progress note, the applicant again reported multifocal pain complaints. The applicant received a shoulder corticosteroid injection. Multiple medications were refilled. A back brace was endorsed. The attending provider apparently suggested that the applicant consider a knee corticosteroid injection and noted that the applicant had no prior knee corticosteroid injections following her earlier knee ACL reconstruction surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 346, knee corticosteroid injections or aspirations are deemed "optional" in the evaluation and management of knee complaints. Here, the applicant does have longstanding knee pain complaints which have persisted despite earlier knee surgery, physical therapy, opioid therapy, etc. The attending provider has posited that the applicant has residual internal derangement of the knee and/or issues with knee arthritis. Pursuing a corticosteroid injection is therefore indicated to try and ameliorate the same. Accordingly, the request is medically necessary.