

<b>Case Number:</b>	CM14-0032987		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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 patient is a 57 year old female who was injured on 08/05/2003. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the knee without contrast dated 09/13/2013 demonstrates 1) Flap tear in the body and posterior horn of the medial meniscus 2) Mild medial compartment arthrosis. 3) There is no lateral meniscal tear. 4) There is mild lateral compartment arthrosis. 5) There is also mild patellofemoral chondromalacia with grade 3 near full-thickness chondral loss in a broad region of the lateral trochlea; 6) Bone infarct in the proximal tibial metadiaphysis extending 3.7 cm superior to inferior. 7) There is no ligamentous or acute osseous injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 CORTISONE INJECTION TO THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Online Version, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (Odg), Knee And Leg Chapter, Corticosteroid Injections.

**Decision rationale:** There were no clinical notes in the package that I received. It contained only a letter to the UR service and MRI report. Therefore, I am unable to determine the medical necessity of the requested treatment as per the above referenced guidelines. Further information including treatment history, subjective complaints, as well as detailed physical findings will be needed to determine the medical necessity. Therefore, the request for 1 cortisone injection to the bilateral knees is not medically necessary and appropriate.