

Case Number:	CM14-0053088		
Date Assigned:	07/07/2014	Date of Injury:	12/03/2010
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 12/3/10 date of injury. At the time (2/26/14) of request for authorization for Depo-Medrol 80mg IM and Dexamethasone 10mg IM, there is documentation of subjective (chronic pain in the right shoulder, bilateral knees, right ankle, and right foot) and objective (decreased right shoulder range of motion with pain and positive Neer's and Hawkin's impingement signs; bilateral knee examination with decreased range of motion, effusion, tenderness along the medial joint lines, positive McMurray's test, and crepitus and pain about the patellofemoral joints bilaterally; and right ankle tenderness about the lateral ankle ligaments) findings, current diagnoses (adhesive capsulitis with rotator cuff tear of the right shoulder, medial meniscal tear of bilateral knees, and right ankle ligamentous strain), and treatment to date (medications (Voltaren, Flexeril, and Protonix) and physical therapy/exercises). There is no documentation of condition/diagnosis findings for which intramuscular administration of Depo-Medrol and Dexamethasone is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo-Medrol 80mg IM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg (Corticosteroid injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:(<http://www.drugs.com/pro/depo-medrol.html>).

Decision rationale: MTUS reference to ACOEM guidelines identifies that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Medical Treatment Guideline identifies documentation of failure of oral therapy or contraindications to oral therapy and a condition/diagnosis (with supportive subjective/objective) findings for which intramuscular administration of Depo-Medrol is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis), as criteria necessary to support the medical necessity of intramuscular administration of Depo-Medrol. Within the medical information available for review, there is documentation of diagnoses of adhesive capsulitis with rotator cuff tear of the right shoulder, medial meniscal tear of bilateral knees, and right ankle ligamentous strain. In addition, there is documentation of chronic knee pain. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of failure of oral therapy or contraindications to oral therapy. In addition, despite documentation of subjective (chronic pain in the bilateral knees) and objective (bilateral knee examination with decreased range of motion, effusion, tenderness along the medial joint lines, positive McMurray's test, and crepitus and pain about the patellofemoral joints bilaterally) findings, there is no documentation of condition/diagnosis findings for which intramuscular administration of Depo-Medrol is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis). Therefore, based on guidelines and a review of the evidence, the request for Depo-Medrol 80 mg IM is not medically necessary.

Dexamethasone 10mg IM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg (Corticosteroid injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:(<http://www.drugs.com/pro/dexamethasone-injection.html>).

Decision rationale: MTUS reference to ACOEM guidelines identifies that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Medical Treatment Guideline identifies documentation of failure of oral therapy or contraindications to oral therapy and a condition/diagnosis (with

supportive subjective/objective) findings for which intramuscular administration of Dexamethasone is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis), as criteria necessary to support the medical necessity of intramuscular administration of Dexamethasone. Within the medical information available for review, there is documentation of diagnoses of adhesive capsulitis with rotator cuff tear of the right shoulder, medial meniscal tear of bilateral knees, and right ankle ligamentous strain. In addition, there is documentation of chronic knee pain. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of failure of oral therapy or contraindications to oral therapy. In addition, despite documentation of subjective (chronic pain in the bilateral knees) and objective (bilateral knee examination with decreased range of motion, effusion, tenderness along the medial joint lines, positive McMurray's test, and crepitus and pain about the patellofemoral joints bilaterally) findings, there is no documentation of condition/diagnosis findings for which intramuscular administration of Dexamethasone is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis). Therefore, based on guidelines and a review of the evidence, the request for Dexamethasone 10 mg IM is not medically necessary.