

Case Number:	CM14-0067422		
Date Assigned:	07/11/2014	Date of Injury:	10/20/2013
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Medicine and is licensed to practice in Texas. 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 injured worker is a 57 year old female who sustained an injury to her left knee on 10/20/13 while stocking electronics. The records indicate that the injured worker has been approved for at least twelve physical therapy visits to date for the left knee and hip. A clinical note dated 04/09/14 reported that the injured worker complained of continued knee pain, as well as left hip pain. Physical examination of the left hip noted moderate tenderness laterally; range of motion flexion 90 degrees, internal rotation 20 degrees, external rotation 30 degrees. Physical examination of the left knee noted moderate tenderness medially; range of motion from 0 to 120 degrees; trace effusion. Plain radiographs of the left hip and left knee are unremarkable. The clinical note dated 04/29/14 reported that the injured worker continued to complain about left knee/hip pain. The injured worker was diagnosed with a continuous trauma injury, left hip strain, and possible left knee degenerative tear of the medial meniscus. The injured worker was to remain temporarily totally disabled for six weeks, as there are no sit down jobs available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient one corticosteroid injection to the left knee joint.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Corticosteroid injections.

Decision rationale: The previous request was denied on the basis that there was insufficient documentation or rationale for one Corticosteroid injection to the left knee, the request was not deemed as medically appropriate. There was no information provided that would indicate the injured worker has been diagnosed with osteoarthritis of the left knee. The Official Disability Guidelines state that a second injection is not recommended if the second has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms and then worsening of pain and function, a repeat steroid injection may be warranted. There was no information provided that would indicate the patient's response to the previously certified injection. Given this, the request for outpatient one Corticosteroid injection to the left knee joint is not is not medically necessary and appropriate.