

Case Number:	CM14-0095967		
Date Assigned:	07/30/2014	Date of Injury:	07/23/1997
Decision Date:	09/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on July 23, 1997. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of bilateral lower extremity pain. The physical examination demonstrated tenderness to palpation, crepitation of the knees, and no other findings were reported. Diagnostic imaging studies are not reviewed. Previous treatment included multiple medications, spinal cord stimulator, and pain management interventions. A request was made for intra-articular steroid injections and was not medically necessary in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee chapter updated July 2014.

Decision rationale: The parameters noted in the ODG were applied. When noting the date of injury, the injury sustained, the current diagnosis, the multiple analgesic medications, and the marginal findings on physical examination, there is no clinical indication presented to suggest a medical necessity for a bilateral knee steroid injection. As noted in the ODG, such injections are limited for short-term use only. This is a long-term chronic problem, and the parameters noted in the ODG for this injection are not addressed or met. Therefore, based on the clinical records presented for review, the request for Bilateral Knee Steroid Injection is not medically necessary and appropriate.