

Case Number:	CM15-0103338		
Date Assigned:	06/05/2015	Date of Injury:	08/02/2013
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male, who sustained an industrial injury on 08/02/2013. He has reported injury to the head, neck, knees, ankles, and low back. The diagnoses have included lumbar spine sprain/strain; lumbar radiculitis/radiculopathy, left greater than right; cervical spine sprain/strain; herniated cervical disc; left knee sprain/strain and internal derangement, status post arthroscopy; right knee sprain/strain and internal derangement, status post arthroscopy; right and left ankle sprain/strain; and cephalgia. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Anaprox, Norco, Tranadol ER, Fexmid, and Prilosec. A progress note from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the neck with radicular symptoms into the right and left arm; pain in the lower back with radicular symptoms into the right and left leg; pain in the right and left knees; and pain in the right and left foot/ankle. Objective findings included decreased cervical spine range of motion; Spurling's test is positive; tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left; decreased lumbar range of motion; tightness and spasm in the lumbar paraspinal musculature bilaterally; hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and s1 dermatome level, bilaterally; decreased range of motion of the bilateral knees; bilateral knees have positive McMurray's tests and medial joint line tenderness; chondromalacia patellar compression tests are positive; decreased range of motion of the bilateral ankles; and tenderness to the plantar fascial attachment to the calcaneus, tenderness to the Achilles tendon

attachment to the calcaneus, and medial and lateral joint line tenderness of the bilateral ankles. The treatment plan has included the request for left knee corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee corticosteroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury and August 2013 and continues to be treated for chronic pain affecting multiple body areas. When seen, complaints included bilateral knee pain. He had a history of bilateral knee arthroscopic surgery. Physical examination findings included bilateral knee medial joint line tenderness with positive patellar compression testing and positive McMurray's testing. The claimant's BMI is nearly 34. Medications prescribed have included Ultram and oral and topical analgesics including non-steroidal anti-inflammatory medications. An MRI of the left knee in February 2015 showed findings of a meniscal tear and decreased joint space without description of osteoarthritis. Criteria for a corticosteroid injection for the knee include documented symptomatic severe osteoarthritis of the knee which is not present in this case. Therefore the requested injection was not medically necessary.