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| Case Number: | CM15-0107757 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 03/16/2007 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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: Maryland

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

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 62 year old male, who sustained an industrial injury on 3/16/2007. He reported left knee, left shoulder, low back and neck pain. The injured worker was diagnosed as having left knee internal derangement, status post left knee surgery, left shoulder pain, status post left shoulder surgery, possible lumbar discogenic pain, possible bilateral lumbar facet pain, possible lumbar sprain/strain. Treatment to date has included medications and physical therapy. The request is for left knee intra-articular steroid injection. On 3/30/2015, he complained of constant left knee pain, on/off lower back pain with radiation up to the left shoulder, and left shoulder pain. He rated his left knee pain 5-8/10 and indicated it improves with medications. He rated his low back pain 4-8/10. Physical examination revealed tenderness over the left knee with painful patellar tracking. The treatment plan included: intra-articular steroid injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee intra-articular steroid injection under fluoroscopy in Surgicenter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Cortisone Injection.

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

Decision rationale: Left knee intra-articular steroid injection under fluoroscopy in Surgicenter is not medically necessary per the ODG Guidelines. The MTUS does not address intra articular steroid injections for chronic knee pain. The ODG states that these injections are generally performed without fluoroscopic or ultrasound guidance. The documentation does not indicate extenuating circumstances, which necessitate this injection to be under flouroscopy in the Surgicenter. The request is therefore not medically necessary.