

Case Number:	CM15-0131345		
Date Assigned:	07/17/2015	Date of Injury:	07/05/2014
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female, who sustained an industrial injury on 7/05/2014. Diagnoses include left knee sprain, bone marrow edema, patellar malalignment, chondromalacia and lumbar sprain. Treatment to date has included diagnostics, medications, physical therapy, modified work and specialist consultations. Per the Primary Treating Physician's Progress Report dated 6/08/2015, the injured worker reported giving way, weakness, possible instability and pain rated as 3/10. Physical examination of the knee revealed atrophy, loss of strength, loss of range of motion of the lower extremity with the exception of mild patellar tilt/subluxation. The plan of care included medications and authorization was requested for Medrol 4mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol (unknown dose, qty or frequency): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 & Leg (Acute & Chronic), Oral Corticosteroids.

Decision rationale: The Official Disability Guidelines do not recommend oral corticosteroids for chronic pain. There are no quality studies specific to the knee. Multiple severe adverse effects have been associated with systemic steroid use. Medrol (methylprednisolone) tablets are not approved by the FDA for pain. Medrol (unknown dose, qty or frequency) is not medically necessary.