

Case Number:	CM15-0147097		
Date Assigned:	08/10/2015	Date of Injury:	01/14/2012
Decision Date:	09/04/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 42-year-old female, who sustained an industrial injury on 1-14-2012, resulting from a slip and fall. The injured worker was diagnosed as having chronic right hip pain, status post surgery in 10-2013, chronic right knee pain with medial collateral ligament sprain, and chronic low back pain. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Currently (4-07-2015), the injured worker complains of pain in her right knee, low back, and right hip. She also complained of swelling in both ankles. She reported awaiting authorization for a right knee injection. Exam of the right knee was not noted. Medication use included Tramadol. The treatment plan included a right knee injection. A records review documented report from Qualified Medical Evaluator (1-15-2015) noting treatment for her right knee with occasional cortisone or Synvisc injections. The QME evaluator documented prior knee injection was not beneficial and no substantive arthritis was present on x-rays and MRI studies. She was also permanent and stationary for the low back and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee injection recommendation: 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/cortico-steroid injections.

Decision rationale: MTUS Guidelines do not address this in adequate detail. ODG Guidelines address this issue in great detail and recommend steroid injections only if specific medical criteria are met which includes clear evidence of substantive evidence of osteoarthritis. This individual has no evidence of osteoarthritis on physical exam or radiographic testing (x-rays and MRI). In addition, it is documented that this individual has had a prior injection without much benefit. Under these circumstances, the request for right knee injection is not supported by Guidelines and is not medically necessary.