

<b>Case Number:</b>	CM15-0190438		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/14/1999
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 66 year old male, who sustained an industrial injury on 06-14-1999. The injured worker was diagnosed as having derangement lateral meniscus NOS. On medical records dated 09-03-2015 and 07-10-2015, the subjective complaints were noted as right knee pain. Pain was rated a 3 out 10. Objective findings were noted as bilaterally knee revealed evidence of moderate joint arthropathy, medial joint line tenderness bilateral right more than left; range of motion was noted as painful and reduced by 25% on flexion. McMurray's test was positive. Treatments to date included medication, heat and pool exercise. The injured worker was noted to be on disability-disabled. Current medications were listed as Lisinopril, Warfarin and Tramadol. The Utilization Review (UR) was dated 09-17-2015. A request for Right Knee Cortisone Injection was submitted. The UR submitted for this medical review indicated that the request for Right Knee Cortisone Injection was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Cortisone Injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, pg 19.

**Decision rationale:** Steroid injections are recommended for short-term use in those with knee arthritis. In this case, the claimant does have persistent right knee pain and imaging consistent with arthritis. The request for a right knee injection is medically necessary and appropriate.