MAXIMUS Federal Services

Case Number:	CM15-0191899		
Date Assigned:	10/29/2015	Date of Injury:	07/08/2014
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 07-08-2014. She has reported injury to the right knee. The diagnoses have included derangement of posterior horn of medial meniscus; and chondromalacia of patella. Treatment to date has included medication, diagnostics, bracing, and crutches. Medications have included Hydrocodone-Acetaminophen and Lidoderm Patch. A progress note from the treating physician, dated 09-08-2015, documented a follow-up visit with the injured worker. The injured worker reported that the right knee pain causes nausea and sweats; the right knee pain continues with cracking and popping and pain; the pain goes up the medial thigh and down the right calf; she uses the knee brace, but it sides off and will not stay up; she has had to pay for medications; and she is scheduled to start therapy. Objective findings included she can walk on her heels or tip toes; squatting is full, but the knee cracks and causes a flare of her pains; she has tightness with straight leg raise; right knee tender medial joint line; motion is 0-120; and she has discomfort with McMurray testing and clicking. The provider noted that the MRI of the right knee has "significant truncation of the posterior horn of the medial meniscus consistent with large radial tear; articular cartilage is relatively maintained without defects (no arthritis)"; and "patella has chondropathy". The treatment plan has included the request for 1 Depo Medrol injection. The original utilization review, dated 09-23-2015, non-certified the request for 1 Depo Medrol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Depo Medrol injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 18.

Decision rationale: According to the guidelines, knee injections are recommended for short-term treatment of arthritis. In this case, the claimant does not have symptoms of arthritis. The MRI does not show arthritic changes. The injections only offer short-term benefit. The request is not medically necessary.