

Case Number:	CM15-0196550		
Date Assigned:	10/12/2015	Date of Injury:	07/27/2010
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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 48 year old female who sustained an industrial injury on 7-27-10. Diagnoses include internal derangement of the knee-left; status post lateral retinacular release, internal derangement of the knee-right with MRI showing plica- no injections done yet and no braces, lumbosacral sprain with radicular components, trochanteric bursitis-left, impingement syndrome bicapital tendonitis with loss of motion-left, left wrist inflammation with negative MRI, and chronic pain syndrome. In a follow up evaluation note dated 8-28-15, the physician reports complaints of back pain and pain in both knees and that she has still been working. Objective findings note tenderness along the lumbar paraspinal muscles, pain along the facets and pain with facet loading as well as pain in both knees with swelling and instability. The treatment plan is noted for Norco 10-325mg, Gabapentin 600mg, Flexeril 7.5mg, AcipHex 20mg, standing x-ray AP and lateral right knee, MRI left knee, referral to physician for lumbar spine, hinged knee braces right and left as "she has quite a bit of instability with prolonged standing walking", and Cortisone injection for right and left knees. It is noted there was a previous authorization in April, which expired, so she never got the injection. Work status is to continue working part time. A request for authorization is dated 8-28-15. The requested treatment of a Cortisone injection, right knee, was non-certified on 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone steroid injection, right knee: Upheld

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

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 19.

Decision rationale: According to the guidelines, knee injections are recommended for short-term use in those with arthritis. In this case, the claimant's exam and prior imaging were not consistent with osteoarthritis. In addition, further imaging and x-rays were pending. The request for steroid injections is not medically necessary.