MAXIMUS Federal Services

Case Number:	CM15-0202941		
Date Assigned:	10/19/2015	Date of Injury:	04/23/2014
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 66 year old male who sustained an industrial injury on 4-23-14. Work status was not present. The medical records indicate that the injured worker is being treated for bilateral knee strain-sprain, rule out internal bilateral knee internal derangement; bilateral knee meniscal tear; bilateral tricompartmental knee osteoarthritis; lumbosacral musculoligamentous strain, sprain with radiculitis; rule out lumbosacral spine discogenic disease. He currently (9-10-15) complains of lower back pain with a pain level of 8 out of 10 which is unchanged from previous visit and bilateral knee pain with a pain level of 9 out of 10 in the right knee which is increased from 8-9 out of 10 and left knee was 8 out of 10 which has decreased from 8-9 out of 10 from the last visit. On physical exam of the bilateral knees there is grade 3 tenderness to palpation which is unchanged from previous visit and there was a positive McMurray's test. He has undergone an MRI of bilateral knees (2-15-15) showing bilateral meniscal tear and bilateral tricompartmental knee osteoarthritis. Treatments to date include physical therapy with benefit; documentation of prior injections were not present. The request for authorization dated 5-14-15 was for bilateral knee steroid injections. On 9-26-15 utilization Review non-certified the requests for left knee steroid injection; right knee steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Steroid Injection (3cc Lidocaine, 1 Cc Depo Medrol 40 Mg): Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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, injections are recommended as a short-term option for arthritis. It is not indicated for repetitive use. In this case, the claimant does have arthritis and if the treatments fail then would require a knee replacement. There is no mention of prior injections. The request for a steroid injection to the left knee is medically necessary and appropriate.

Right Knee Steroid Injection (3cc Lidocaine, 1 Cc Depo Medrol 40 Mg): Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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, injections are recommended as a short-term option for arthritis. It is not indicated for repetitive use. In this case, the claimant does have arthritis and if the treatments fail then would require a knee replacement. There is no mention of prior injections. The request for a steroid injection to the right knee is medically necessary and appropriate.