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| Case Number: | CM15-0024587 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 11/25/2013 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old male who reported an injury on 11/25/2013. The mechanism of injury was cumulative trauma. The documentation of 02/19/2015 revealed the injured worker had complaints of pain in the right wrist with radiation to the right arm. The injured worker had an MRI done on 01/22/2015. The injured worker complained of an increase of pain in the bilateral knees. The pain was associated with numbness and tingling and the right hand as well as weakness in the knees. The pain was frequent and moderate. The documentation indicated the injured worker could walk 1 block before having to stop because of pain. The injured worker had functional limitations during the prior month and avoided going to work and grocery shopping due to pain. The physical examination revealed the injured worker ambulated without an assistive device and with a normal gait pattern. The injured worker had crepitus on the left. There was tenderness to palpation over the infrapatellar region. There was negative anterior drawer test, posterior drawer test and position varus/valgus instability. The diagnoses included carpal tunnel syndrome and unspecified internal derangement of the knee. The request was made for a therapeutic steroid injection to the bilateral knees to address pain complaints. The medications included naproxen 550 mg by mouth twice a day, Prilosec 20 mg by mouth twice a day, and Menthoderm topical gel 120 gm 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 337.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that invasive techniques including cortisone injections are not routinely recommended. The clinical documentation submitted for review indicated the request for the injections was for pain control. The documentation indicated the injured worker had tenderness to palpation over the infrapatellar region of the bilateral knees. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Steroid injection to the right knee is not medically necessary.