

Case Number:	CM15-0025764		
Date Assigned:	02/18/2015	Date of Injury:	10/20/2014
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 38-year-old who has filed a claim for knee pain reportedly associated with an industrial contusion injury of October 20, 2014. In a Utilization Review Report dated January 20, 2015, the claims administrator denied a request for a knee corticosteroid injection. The claims administrator referenced progress note of January 22, 2015 and associated RFA form of January 23, 2015. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. On January 22, 2015, the applicant consulted an orthopedic knee surgeon, reporting ongoing complaints of knee pain, exacerbated by squatting and standing. The applicant had returned to work with restrictions, it was acknowledged. Popping about the knee was evident. The applicant exhibited tenderness about the superior patella. A knee corticosteroid injection was endorsed while the applicant was returned to modified duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection for the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 346 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 1. Yes, the proposed knee corticosteroid injection was/is medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346 notes that repeated aspirations of corticosteroid steroid injections are deemed "optional" here, however, the request at hand is a first-time request for knee corticosteroid injection therapy. The applicant apparently has issues with traumatic knee bursitis following an industrial contusion injury. Less invasive treatments, including time, medications, physical therapy, and work restrictions have seemingly proven ineffectual here. Moving forward with a corticosteroid injection, thus, was/is indicated. Therefore, the request was medically necessary.