

Case Number:	CM15-0029833		
Date Assigned:	03/17/2015	Date of Injury:	12/02/2011
Decision Date:	04/13/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/17/2015

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: Florida

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 53 year old, female patient, who sustained an industrial injury on 12/02/2011. A primary treating office visit dated 12/02/2014, reported chief complaint of right elbow pain. The left wrist brace noted helping with the pain. She also asks about receiving a knee injection as she had one in the past that helped alot. The injuries involve multiple body parts including the neck, right knee, right elbow and left wrist. She continues to engage in counseling for post-traumatic stress, which is also part of the claim. An injection was administered this visit to the right knee. The patient is also requesting a new transcutaneous electric nerve stimulator unit. The plan of care involved changing a muscle relaxant to Skelaxin 800mg one twice daily. A secondary treating office visit dated 12/16/2014 reported the patient with subjective complaint of general psychologic issues. She continues to report anhedonia, trouble sleeping, lethargy, feeling bad about self, inability to control worry, hopelessness, appetite disturbance and trouble concentrating for the past two weeks. Objective findings showed the patient tearful throughout the exam expressed feeling embarrassed to reveal during prior sessions that her depression is significant. There are times when she stays in bed for a weeks time. She is unmotivated and does not perform personal hygiene regularly. She reports the "feeling as if I'm sliding quietly down hill". She is considering re-starting the medication Celexa secondary to the severity of her depression. The diagnoses of strain of lumbar region is applied. On 02/17/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - knee complaints. Page(s): 346.

Decision rationale: California MTUS guidelines state that corticosteroid injections for managing knee complaints are an option. Records indicate that she has had chronic right knee pain. There is nothing prohibitory in the MTUS guidelines to prevent approval of this request for a right knee injection. Likewise, it is considered medically necessary.