MAXIMUS Federal Services

Case Number:	CM15-0210581		
Date Assigned:	10/29/2015	Date of Injury:	03/09/2005
Decision Date:	12/17/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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, North Carolina
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 42 year old female who sustained an industrial injury on March 9, 2005. Medical records indicated that the injured worker was treated for right hip and right hip pain. Her medical history includes right trochanteric bursitis, status post left knee arthroscopic surgery wit post patellofemoral osteoarthritis and status post right knee arthroscopic surgery with post patellofemoral osteoarthritis. In the provider notes dated from July 21, 2015 to August 27, 2015 the injured worker complained of right hip and right knee pain with inflammation. In provider notes dated August 27, 2015, the injured worker reported "marked improvement from previous cortisone injections." She has 33 completed physical therapy sessions for both knees. On exam, the documentation dated July 21, 2015 noted palpable tenderness and weakness on range of motion of the right hip and the right knee with patellofemoral syndrome with inflammation. The provider notes dated August 27, 2015 stated "bilateral knee revealed crepitus with both revealing medial joint line tenderness. Right knee also presented with lateral joint line tenderness." She has an antalgic gait. The lumbar spine "revealed positive facet challenge test with notable pain on walking." The treatment plan is to continue medications pain spray, MRI, continued physical therapy, referral to orthopedic spine surgeon and Medrol 4 mg. A Request for Authorization was submitted for Medrol pack 4 mg #30. The Utilization Review dated September 3, 2014 denied the request for Medrol pack 4 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol pak 4mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back (corticosteroids).

Decision rationale: This is a 44 year-old woman whose date of injury was over 10 years ago. She complains of chronic right hip and right knee pain. The request is for a Medrol pack. CA MTUS Guidelines are silent regarding the oral use of corticosteroids. ODG does not support the use of oral corticosteroids for chronic low back pain. The use of Medrol for chronic hip and knee pain is not supported given the chronicity of the claimant's complaints and lack of guideline support. Therefore, the request is not medically necessary or appropriate.