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| Case Number: | CM15-0223561 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 08/07/2012 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 32-year-old male with a date of injury on 08-07-2012. The injured worker is undergoing treatment for chronic sprain injury-bilateral knees, post traumatic chronic headaches-vascular type, chronic myofascial pain syndrome-thoracolumbar spine, post traumatic seizure disorder, moderate to severe bilateral carpal tunnel syndrome, moderate bilateral ulnar nerve entrapment at both elbows, and abnormal Magnetic Resonance Imaging of the lumbar spine done on 07-01-2015 with 7mm disc protrusion at L4-5 and a 5mm disc protrusion at L5-S1. A physician progress note dated 08-18-2015 documents the injured worker complains of frequent bilateral knee pain that is rated 5 out of 10 without medications. Steroid injections for his bilateral knees are pending. A physician note dated 08-21-2015 documents the injured workers bilateral range of motion in both knees was restricted. He received steroid injections in both knees that he tolerated well. He is not working. Treatment to date has included diagnostic studies, medications, home exercises, knee injections, and trigger point injections. Current medications include Naproxen, Wellbutrin, Flexeril, and Keppra and Dilantin. Ultram was discontinued. The Request for Authorization dated 08-18-2015 includes Flexeril, Naproxen, Wellbutrin, a gym membership with pool x 3 month and bilateral steroid injections to both knees. On 10-14-2015 Utilization Review non-certified the request for Retrospective reviews of 2 steroid injections, bilateral knees, DOS: 08/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of 2 steroid injections, bilateral knees, DOS: 08/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Summary.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: This 32 year old male has complained of knee pain, wrist pain, elbow pain and lumbar spine pain since date of injury 8/7/2012. He has been treated with steroid injection, trigger point injection, physical therapy and medications. The current request is for retrospective review of 2 steroid injections, bilateral knees, DOS 8/21/2015. Per the MTUS guidelines cited above, steroid intra-articular joint injection is not a recommended treatment modality for chronic knee pain. On the basis of the available medical records and per the MTUS guidelines cited above, 2 steroid injections, bilateral knees, DOS 8/21/2015 is not indicated as medically necessary.