

Case Number:	CM15-0032106		
Date Assigned:	02/25/2015	Date of Injury:	10/16/2002
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey, New York
 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 60 year old female, who sustained an industrial injury on 10/16/2002. On 2/20/15, the injured worker submitted an application for IMR for review of Left knee steroid injection. The treating provider has reported the injured worker complained of left knee pain due to favoring the right knee. The right knee as a status post right total knee arthroplasty (6/3/14). The diagnoses have included rotator cuff tear, pain in joint, multiple sites; pain in joint, lower leg. Treatment to date has included status post multiple knee surgeries with a right total knee arthroplasty (6/3/14); left knee MRI, left knee injection; status post right shoulder open AC repair (1/22/03); right shoulder anterior labrum tear (3/30/10); left shoulder pain secondary to compensation for right shoulder ; full thickness rotator cuff tear left shoulder (5/5/07), status post left shoulder surgery (6/27/07); status post subacromial decompression, Mumford procedure with distal clavicular resection, SLAP lesions, repair of synovial right shoulder (12/5/07), MRI right knee (10/4/11). On 2/9/15 Utilization Review non-certified of Left knee steroid injection. The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Steroid Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee/Leg: corticosteroid injections.

Decision rationale: The request is considered not medically necessary. She does not meet the criteria for a repeat steroid injection. The response to the first injection was not documented. Specific documentation of VAS scores and the effect of the left knee pain on function was not documented. It was unclear if the left knee pain did not improve with conservative treatment. The patient did not have documented severe osteoarthritis according to ACR criteria. Therefore, the request is considered not medically necessary.