

Case Number:	CM15-0051829		
Date Assigned:	03/25/2015	Date of Injury:	08/08/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male with an industrial injury dated August 8, 2014. The injured worker diagnoses include chondromalacia, sprain of knee and leg nonspecific, synovitis nonspecific and persistent postsurgical, posttraumatic synovitis of the left knee. He has been treated with diagnostic studies, chondroplasty procedure, prescribed medications and periodic follow up visits. According to the progress note dated 2/26/2015, the injured worker presented for follow up of left knee. Physical exam revealed full active extension of the knee with limited squatting ability. The treating physician prescribed services for Kenalog injection of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog injection left knee x 2: 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), Corticosteroid injections and <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3324992/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Corticosteroid injections.

Decision rationale: The claimant sustained a work-related injury in August 2014 and underwent arthroscopic surgery on 10/28/14. When seen, he was having ongoing knee pain. He had an allergy to Motrin. There was a joint effusion with decreased range of motion. The claimant's BMI is over 30. Applicable criteria that are met in this case for an intraarticular knee corticosteroid injection include knee pain, crepitus, an absence of findings of inflammatory arthropathy such as an elevated sedimentation rate, and symptoms not controlled adequately by recommended conservative treatments. In this case, given the claimant's age and body weight, knee replacement surgery would be relatively contraindicated. The above criteria are met and therefore the requested injection with follow-up was medically necessary.