

Case Number:	CM15-0052125		
Date Assigned:	03/25/2015	Date of Injury:	08/05/2003
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: Anesthesiology, 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 57 year old female, who sustained an industrial injury on 8/05/2003. Diagnoses include impingement syndrome of the right shoulder status post decompression and distal clavicle excision, bilateral carpal tunnel syndrome, wrist inflammation on the right status post arthroscopy with grade II and III chondromalacia along the lunate, wrist joint inflammation, right trochanteric bursitis, discogenic lumbar condition and radiculitis and internal derangement of the bilateral knees. Treatment to date has included diagnostic imaging and medications. Per the Primary Treating Physician's Progress Report dated 2/11/2015, the injured worker reported injuries/pain to the right shoulder, bilateral wrists and hands, low back, right trochanteric area and both knees. Physical examination revealed tenderness along the right and left knees. There is no weakness to resisted function. There is a positive compression test, more right than left. There is a positive patellar tilt bilaterally. There is tenderness along the ulnar column. Knee extension is 120 degrees on the right and 180 degrees on the left and flexion is 90 degrees on the right and 135 degrees on the left. Wrist dorsiflexion is 50 degrees and plantar flexion is 50 degrees. The plan of care included magnetic resonance imaging (MRI) of the left knee and lumbar spine, EMG (electromyography)/NCS (nerve conduction studies) of the upper and lower extremities, physiatry consultation, bracing, cortisone injections for the bilateral knees, home help, pool program and medications. Authorization was requested for bilateral knee steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral knee steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Corticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Corticosteroid Injection, Knee.

Decision rationale: ODG indicates that the criteria for steroid injections to the knee is documented severe osteoarthritis it is not controlled adequately by previous conservative measures and pain that interferes with functional activities. The injured worker meets none of the ODG indicated criteria for the use of the knee corticosteroid injection. Therefore, the request at this time is not medically necessary.