

Case Number:	CM15-0061886		
Date Assigned:	04/07/2015	Date of Injury:	08/31/1998
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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 (IW) is a 53 year old male who sustained an industrial injury on 08/31/1998. He reported pain in both knees. The injured worker was diagnosed as having right knee osteoarthritis, left knee osteoarthritis, a left knee replacement, weakness and pain. Treatment to date has included compression stockings, dexamethasone and depo-medrol injections, and a left knee replacement. Currently, the injured worker complains of pain in both knees and was noted to have bilateral quadriceps weakness and a moderate effusion. On 02/13/2015 the treatment plan included requesting authorizations for revision of the joint replacement of the left knee, compression stockings, and pain management. A right total knee replacement and a home exercise program were planned. A retrospective request for the depo-medrol 40 mg/ml injection was submitted with the body part not addressed in the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective depo-medrol 40 mg/ml injection, body part not addressed: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: This 53 year old male has complained of knee pain since date of injury 8/31/98. He has been treated with steroid injections, left knee surgery, physical therapy and medications. The current request is for retrospective Depo-Medrol injection. Per the ACOEM guidelines cited above, Depo-Medrol injection for knee pain is not a recommended pharmaceutical or procedural intervention. On the basis of the guidelines cited above, retrospective Depo-Medrol injection is not indicated as medically necessary.