

<b>Case Number:</b>	CM15-0080448		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/12/1999
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, California  
 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 57-year-old male, who sustained an industrial injury on February 12, 1999, incurring injuries to the right knee and back after a fall. He was diagnosed with a right knee internal derangement, patellar tendinitis and a lumbar sprain and lumbar degenerative disc disease. Treatment included pain medications, transcutaneous electrical stimulation, and anti-inflammatory drugs. Currently, the injured worker complained of persistent pain and tenderness in the right knee. The treatment plan that was requested for authorization included a steroid injection to the right medical patellar tendon area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Steroid injection to the right medical patellar tendon area: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and knee chapter pg 19.

**Decision rationale:** According to the guidelines, steroid injections are indicated for arthritis. In this case, the claimant has tendonitis and derangement of the knee. Prior x-rays of the knee did not show abnormalities. In addition, the claimant has already used oral anti-inflammatories. Although, the injection may be beneficial it is not medically necessary.