

Case Number:	CM15-0086617		
Date Assigned:	05/08/2015	Date of Injury:	03/31/2009
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 56 year old male, who sustained an industrial injury, March 31, 2009. The injured worker previously received the following treatments Trileptal (Oxcarbazepine), Zoloft, Trazodone, Cymbalta (Duloxetine), Amitriptyline, Hydrocodone/Acetaminophen, Percocet (Oxycodone/Acetaminophen), Lidoderm Patches, Abilify, left knee steroid injection, psychiatric services, spinal cord stimulator implant on December 10, 2014. The injured worker was diagnosed with reflex sympathetic dystrophy of the lower limb, chronic pain and post laminectomy syndrome of the lumbar region, sleep apnea, CRPS (complex regional pain syndrome) and low back pain. According to progress note of March 30, 2015, the injured workers chief complaint was increased pain in the left knee. The injured worker rated the pain at 6 out of the pain index. The pain increased with increased activity. The injured worker requested another left knee steroid injection due to increase pain. The treatment plan included left knee steroid injection times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Steroid Injection X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: The patient has ongoing foot and left knee pain. The current request is for left knee steroid injection. Regarding cortisone injection, MTUS and ACOEM Guidelines are silent; however, ODG Guidelines state that corticosteroid injection is indicated for severe osteoarthritis and must have at least 5 criteria of the following: bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, erythrocyte sedimentation rate (ESR) less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer (agglutination method), synovial fluid signs. Conservative measures must have failed as well. In this case, the diagnosis is that of CRPS. There is no indication that the patient is suffering from severe osteoarthritis of the knee. As such, the medical records do not establish medical necessity for the treatment request. The request is not medically necessary.