

Case Number:	CM14-0111920		
Date Assigned:	08/01/2014	Date of Injury:	08/13/2013
Decision Date:	06/05/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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: North Carolina
 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 45-year-old male police officer who sustained an industrial injury to his left knee while running on 08/13/2013. The injured worker was diagnosed with quadriceps tear and chondromalacia. The injured worker is status post arthroscopy with left quadriceps tendon repair on January 2, 2014. Treatment to date includes diagnostic testing, surgery, physical therapy, home exercise program, gym program and medications. According to the primary treating physician's progress report on May 14, 2014, the injured worker reports mild anterior patella pain, tight quadriceps, spasms and decreased flexibility. The injured worker rates his pain level at 4/10. Examination of the left knee demonstrated healed incisions with mild anterior swelling. Quadriceps was tender and tight with trigger points and decreased range of motion. Current medications were not noted. Treatment plan consists of massage therapy, gym program, home exercise program, regular duty and the current request for methylprednisolone dose pack Qty: 21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone dose pack Qty:21: 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)- TWC Pain Procedure Summary Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, medrol dose pack.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is a steroid indicated but not limited in the treatment of inflammation and pain. The provided clinical documentation for review meets these indication criteria and therefore the request is medically necessary.