MAXIMUS Federal Services

Case Number:	CM14-0207550		
Date Assigned:	12/22/2014	Date of Injury:	10/10/2010
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old woman with a date of injury of 10/10/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 11/06/2014 and 11/25/2014 indicated the worker was experiencing right leg pain, back pain, right knee and hip pain, headaches, and decreased sleep. Documented examinations described lower back spasm, decreased motion in the lower back joints, positive testing involving raising each straightened leg, tenderness in the right knee, and right knee joint instability. The submitted and reviewed documentation concluded the worker was suffering from myofasciitis, back pain, hip pain, and post-traumatic degenerative knee arthritis. Treatment recommendations included medications, a MRI of the right knee, knee bracing, home exercise program, viscosupplementation into the right knee, and steroids injected into the right knee two to three times yearly if it had benefit. A Utilization Review decision was rendered on 12/04/2014 recommending non-certification for corticosteroids injected into the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injection, right knee (per 11/25/14 report): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg; Corticosteroid Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-351.

Decision rationale: The ACOEM Guidelines support the use of steroids injected into the knee when indicated. However, steroid injections are not routinely necessary, and repeated injections are not encouraged. The submitted and reviewed records indicated the worker was experiencing right leg pain, back pain, right knee and hip pain, headaches, and decreased sleep. Treatment recommendations in part included steroids injected into the right knee two to three times yearly. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the request for corticosteroids injected into the right knee is not medically necessary.