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| Case Number: | CM15-0016228 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 07/01/2007 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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 is a 43 year old male, who sustained an industrial injury on 7/1/07. He has reported back injury. The diagnoses have included cervical discogenic syndrome, shoulder joint pain, thoracic sprain/strain and lumbar discogenic syndrome. Treatment to date was not documented; however Utilization Review stated the previous treatments had included TENS unit, home exercise program, medication and chiropractic treatment. Currently, the injured worker complains of constant low back pain with radiating to right lower extremity. Progress note dated 12/6/14 revealed tenderness on palpation of lumbar area, and right knee pain. On 1/12/15 Utilization Review non-certified right knee steroid injection given 12/6/14, noting the documentation did not provide evidence of symptomatic severe osteoarthritis of the knee and conservative treatments that are not adequately controlling the pain. The ODG was cited. On 1/26/15, the injured worker submitted an application for IMR for review of right knee steroid injection given 12/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro right knee steroid injection DOS 12/06/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Corticosteroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,Chronic Pain Treatment Guidelines.

Decision rationale: This 43 year old male has complained of neck, low back and right knee pain since date of injury 7/1/07. He has been treated with a TENS unit, chiropractic therapy, physical therapy and medications. The current request is for retro right knee steroid injection. Per the ACOEM guidelines cited above, steroid injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the available medical records and per the MTUS guidelines cited above, steroid injection right knee is not indicated as medically necessary.