

Case Number:	CM15-0113174		
Date Assigned:	06/19/2015	Date of Injury:	04/17/2013
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female who sustained an industrial injury on 4/17/13 from a trip and fall, striking her left knee and right cheek and was diagnosed with a fracture of the zygoma bone. She also injured her low back in the fall. She currently complains of left knee pain; left low back pain with radiation down the left leg to the mid-calf; pain in the right cheek. On physical exam of the lumbar spine, there was tenderness to palpation of the left superior iliac crest and decreased range of motion; left knee shows a mass over the medial tibial plateau, tenderness on palpation of the lateral hamstring in the medial distal thigh and decreased range of motion. Diagnoses include left knee contusion; facial contusion; fractured maxilla; left lumbar radiculitis; osteoarthritis of the left knee; swelling left medial knee; possible Pes Anserine Bursitis. Treatments to date include left knee injection, which was ineffective in relieving pain. Diagnostics include MRI of the left tibia (9/12/14) normal; electromyography/nerve conduction study of the left lower extremity (7/15/14) normal; MRI of the left knee (7/12/13) unremarkable; computed tomography of the facial bones (4/29/13) shows a hairline right anterior maxillary sinus wall fracture and there was no zygomatic arch or orbital fracture; MRI of the lumbar spine (2/17/14) showing minimal disc protrusion. On 5/11/15, Utilization Review evaluated a request for Kenalog injection to right mid face.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog injection to right mid face: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Internal Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 60.

Decision rationale: The claimant sustained a work injury in April 2013 as the result of a fall including an injury to the right mid face. When seen, the claimant had right facial burning and a swollen sensation. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, a corticosteroid injection is being requested. Without verifying use of an anesthetic as a component of the injectate, this would not be considered a diagnostic injection. The request is not medically necessary.