

Case Number:	CM15-0117833		
Date Assigned:	07/23/2015	Date of Injury:	02/24/2014
Decision Date:	08/19/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 50 year old male, who sustained an industrial injury on February, 24, 2014. The injured worker was diagnosed as having status post left knee arthroscopy, left ankle partial talofibular tear, left knee meniscus tear and partial plantaris tear. Treatment to date has included multiple magnetic resonance imaging (MRI) studies, injection and medication. A progress note dated May 13, 2015 provides the injured worker complains of left knee and ankle pain. He reports cortisone injection of the ankle improved his pain. He rates the knee pain 8/10. Physical exam was unremarkable. The plan includes Tramadol and retrospective (5/13/2015) request for Depo Medrol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1cc of 40mg per ml Depo Medrol with 2cc of Lidocaine under ultrasound guidance with date of service on 5/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Corticosteroid injections. (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: The ACOEM chapter on knee complaints states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. The provided clinical records do not show any significant findings on physical exam to warrant knee injection per the ACOEM. Therefore the request is not medically necessary.