

<b>Case Number:</b>	CM15-0118132		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California

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 61 year old female, who sustained an industrial injury on February 28, 2011, incurring right knee and feet injuries. She was diagnosed with bilateral plantar fasciitis and right knee osteoarthritis. Treatment included pain medications, anti-inflammatory drugs, topical analgesic patches, sleep aides, knee injections, and activity modifications. Currently, the injured worker complained of persistent right knee pain worsened with walking and standing for prolonged periods of time. Decreased range of motion, crepitus and tenderness were noted upon examination of the right knee. The treatment plan that was requested for authorization included medial plica Cortisone injection of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Plica Cortisone injection right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Corticosteroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 16.

**Decision rationale:** According to the guidelines, steroid injections are considered optional. The ODG guidelines recommend them for short-term use in arthritis of the knee. In this case, the claimant had undergone prior injections and repeat injections are considered optional. As a result, the request for additional steroid injections is not medically necessary.