MAXIMUS Federal Services

Case Number:	CM15-0063945		
Date Assigned:	04/09/2015	Date of Injury:	01/17/2007
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on January 17, 2007. She has reported knee pain, back pain, leg pain, and neck pain. Diagnoses have included left knee pain, lower back pain, lumbar spine radiculopathy, neck pain, and thoracic spine pain. Treatment to date has included medications, cervical spine epidural injections, lumbar spine epidural injections, imaging studies, and diagnostic testing. The injured worker also underwent physical therapy which was noted to offer minimal relief. A progress note dated March 4, 2015 indicates a chief complaint of bilateral knee pain, neck pain radiating to the bilateral shoulders, and lower back pain. The treating physician documented a plan of care that included a left knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic acid injections; ODG, Knee, Corticosteroid injections.

Decision rationale: The patient presents with pain affecting the bilateral knees, neck with radiation to the bilateral shoulders, and low back. The current request is for Left knee joint injection. The treating physician report dated 3/4/15 (36E) states, Patient was advised that she may benefit from a Left Knee Joint Injection at her next visit. There was no further specification of what type of injection is to be administered in any of the documents provided for review. In this case, the current request does not specify what type of injection is to be administered, and therefore it does not satisfy the ODG guidelines. Recommendation is for denial, and not medically necessary.