

<b>Case Number:</b>	CM15-0067995		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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

Certification(s)/Specialty: Internal Medicine

### 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 41-year-old female, who sustained an industrial injury on 5/27/2014. The current diagnoses are internal derangement of the left knee, chondromalacia patellae, and derangement of the meniscus. According to the progress report, the injured worker complains of left knee pain. The current medications are Tramadol. Treatment to date has included medication management, MRI studies, and cortisone injection. The plan of care includes Medrol dose pack.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Dose Pak:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Medrol, Oral corticosteroids.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Medrol (Methylprednisolone). Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)

indicates that oral corticosteroids are not recommended. There are no quality studies specific to the knee. Multiple severe adverse effects have been associated with systemic steroid use. Medrol (Methylprednisolone) tablets are not approved for pain. The progress report dated 2/9/15 documented a history of knee injury and the recommendation for arthroscopic meniscectomy. Medrol (Methylprednisolone) was requested on 3/16/15. Official Disability Guidelines (ODG) indicates that oral corticosteroids are not recommended for knee disorders. Therefore, the request for Medrol is not supported by Official Disability Guidelines (ODG). Therefore, the request for Medrol (Methylprednisolone) is not medically necessary.