

Case Number:	CM15-0071373		
Date Assigned:	04/21/2015	Date of Injury:	05/27/2014
Decision Date:	05/29/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 05/27/2014. Diagnoses included left knee medial meniscus tear and left knee arthritis with chondromalacia tricompartmental. According to an Emergency Room report dated 12/03/2014, the injured worker complained of left knee pain that was a chronic condition. MRI and x-rays were done and the provider noted that the injured worker basically needed a knee replacement surgery. Her medication regimen included Tramadol which was not helping. She was given Norco and Motrin and advised to follow up with her orthopedist. Treatments have included medications and a cortisone injection. Currently under review is the request for 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. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) Oral corticosteroids.

Decision rationale: The injured worker sustained a work related injury on 05/27/2014. The medical records provided indicate the diagnosis of left knee medial meniscus tear and left knee arthritis with chondromalacia tricompartmental. Treatments have included Ibuprofen, Tramadol, Left knee arthroscopic meniscectomy. The medical records provided for review do not indicate a medical necessity for Medrol dose pak. The records indicate the injured worker developed severe left knee pain about a week after the arthroscopic meniscectomy and the injured worker was given prescription for medrol dose pak. The MTUS is silent on Medrol dose pak or oral steroids; the Official Disability Guidelines recommends against the use of recommend oral steroids for knee pain and other chronic knee pain conditions. Therefore, the requested treatment is not medically necessary.