

Case Number:	CM15-0072139		
Date Assigned:	04/22/2015	Date of Injury:	09/12/2014
Decision Date:	05/27/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/15/2015

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, 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 40-year-old female who sustained a work related injury September 12, 2014. According to a doctor's first report of occupational injury or illness, dated November 4, 2014, the injured worker presented with complaints of a left knee injury while working. She was diagnosed with a sprain and rupture of the medial collateral ligament of the left knee. Treatment included medication, knee support and physical therapy x 6 sessions. According to a treating physician's progress report, dated April 7, 2015, the injured worker presented with complaints of left knee pain. She had finished physical therapy with little improvement. The physician noted she had been treated for venous stasis ulceration of the right leg in a wound clinic several years ago. The left knee reveals no crepitus, warmth or erythema. There is tenderness on palpation with medial line tenderness, no laxity noted, and gait is irregular. Diagnoses included knee pain; sprain and rupture of medial collateral ligament of the left knee. Treatment plan included request for re-evaluation by orthopedist for steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Referral for Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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/leg (corticosteroid injections).

Decision rationale: CA MTUS states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether specialist evaluation is necessary." ACOEM states, "Consultation: to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent/residual loss and/or examinee's fitness for return to work. The CA MTUS does not address steroid injections to the knee. The ODG knee chapter recommends steroid injections for short-term use only. In this case, physical therapy has failed to provide relief to the patient's knee symptoms and her diagnosis now includes sprain and rupture of the MCL. A referral to an orthopedic surgeon is reasonable at this time for further evaluation; however the indication for a corticosteroid injection has not been established. Therefore, the request is not medically necessary as requested.