

<b>Case Number:</b>	CM15-0076675		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male with an industrial injury dated September 27, 2011. The injured worker's diagnoses include left knee pain status post left total knee arthroplasty in 2012. Treatment consisted of bone scan, left knee X-ray in August of 2014, prescribed medications, knee injection, consultation and periodic follow up visits. In a progress note dated 3/04/2015, the injured worker presented for a follow up of left knee pain. Objective findings revealed mild effusion in the left knee and a well-healed midline incision. The treating physician reported that his radiographs revealed a well aligned, stable appearing, cemented retained platform total knee arthroplasty with no obvious signs of loosening or osteolysis. The treating physician prescribed services for retrospective: DepoMedrol injection for the left knee and retrospective: office visit now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: DepoMedrol Injection for the Left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition 9 web), 2014, Knee and Leg, Corticosteroid Injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

**Decision rationale:** The claimant sustained a work-related injury in September 2011 and continues to be treated for left knee pain. When seen, there revision surgery was being considered. Diagnostic testing had included a bone scan with indeterminate findings. The claimant underwent an injection of Depo-Medrol intended as a diagnostic procedure. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. In this case, the injection performed was done without anesthetic and therefore would not have provided diagnostic information. The request IS NOT medically necessary.

**Retrospective: 1 Office Visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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) Pain (Chronic) Office visits.

**Decision rationale:** The claimant sustained a work-related injury in September 2011 and continues to be treated for left knee pain. When seen, there revision surgery was being considered. Diagnostic testing had included a bone scan with indeterminate findings. The claimant underwent an injection of Depo-Medrol intended as a diagnostic procedure. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Requesting an office visit when additional management including possible knee replacement revision surgery, is being considered medically necessary.