

Case Number:	CM15-0079855		
Date Assigned:	04/30/2015	Date of Injury:	09/17/2014
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 46 year old female, who sustained an industrial injury on 9/17/14. She reported a left leg injury. The injured worker was diagnosed as having sprain/strain/tear of MCL left knee and chronic severe left knee pain with edema, peripatellar bursitis and sprain of anterior cruciate ligament. Treatment to date has included physical therapy, cortisone injection, oral medications and home exercise program. Currently, the injured worker complains of severe left knee pain and swelling, she rates the pain as 5/10. The pain is alleviated with hot packs. Physical exam noted painful range of motion of left knee with antalgic gait. The treatment plan included Flector patch to left knee, continuation of home exercise program and consideration of cortisone injection and request for authorization to restart Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

Decision rationale: According to the ACOEM guidelines, invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. According to ODG, corticosteroid injections may be supported if symptoms are not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen) and pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. The medical records support the request for cortisone injection. The injured worker has not responded to first line treatment and the request for cortisone injection is supported at this juncture in an attempt to abate the symptoms and increase function. The request for Left knee cortisone injection is medically necessary and appropriate.

Naprosyn 500mg #30 (Prescribed on 4/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naprosyn Page(s): 21-22, 72-73.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Naprosyn. The long-term use of anti-inflammatories are associated with increased renal, gastrointestinal and cardiovascular risks. The request for Naprosyn 500mg #30 (Prescribed on 4/14) is not medically necessary and appropriate.