

Case Number:	CM15-0095368		
Date Assigned:	05/21/2015	Date of Injury:	03/08/2011
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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 36-year-old female with an industrial injury dated 03/08/2011. Her diagnoses included lumbar 4-5 disc herniation with left lumbar 4-5 radicular pain, left lower extremity complex regional pain syndrome; status post left knee arthroscopy and chronic pain. Her prior treatments included physical therapy, medications, TENS unit and sympathetic block for left lower extremity chronic regional pain syndrome (with 25% relief). The most current record available is dated 01/22/2015. The injured worker presents for follow up. Her medications are Opana ER, Norco, Skelaxin, Effexor and Flector patch. She states her medications allow her to maintain her functional ability and perform her activities of daily living. Physical exam reveals limited lumbar flexion and extension resulting in lower back tightness and discomfort. Treatment plan consisted of left knee injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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), Corticosteroid injections.

Decision rationale: The claimant sustained a work injury in March 2011 and is being treated for CRPS of the left knee following arthroscopic knee surgery. Treatments have included lumbar sympathetic blocks, physical therapy, medications, and use of modalities including TENS. When seen, pain was rated at 8/10. An intra-articular knee injection in 2013 had provided good pain relief. Physical examination findings included knee pain with range of motion. Authorization for another left knee injection was requested. Applicable criteria that are met in this case for an intra articular knee corticosteroid injection include knee pain, crepitus, an absence of findings of inflammatory arthropathy such as an elevated sedimentation rate, and symptoms not controlled adequately by recommended conservative treatments. When there are at least several weeks of temporary, partial resolution of symptoms and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three. In this case, the claimant underwent a previous knee injection in 2013 with reported benefit. The requested repeat injection is within the guidelines recommendation and can be considered medically necessary.