

<b>Case Number:</b>	CM13-0034209		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old male who reported an injury on 04/27/2010. The patient is diagnosed with knee sprain, knee pain, low back pain, chronic pain, and knee capsulitis. The patient was seen by [REDACTED] on 08/19/2013. The patient reported persistent right knee pain with lower back pain. Physical examination revealed joint line tenderness bilaterally. Treatment recommendations included a right knee steroid injection and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Knee Steroid Joint Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid Injections.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not

routinely indicated. Official Disability Guidelines state corticosteroid injections are indicated for documented symptomatic severe osteoarthritis of the knee that is not adequately controlled by recommended conservative treatment. As per the clinical notes submitted, the patient underwent a right knee Magnetic Resonance Imaging (MRI) on 07/22/2013, which indicates completely absent body and posterior horn of the lateral meniscus. There was no indication of osteoarthritis. The patient's physical examination on the date of the requested injection revealed only joint line tenderness. There is no evidence of bony enlargement, bony tenderness, crepitus, ESR less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, rheumatoid factor less than 1:40 titer, or synovial fluid signs. There is also no evidence of a failure to respond to recent conservative treatment with exercise, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), or acetaminophen. Based on the clinical information received, the patient does not currently meet criteria for a corticosteroid injection. All concurrent CPT codes, including 20610, 76880, J1100, and J1030 are also not medically necessary. Based on the clinical information received, the request is non-certified.

**Arthrocentesis, Aspiratoin and/or Injection of Major Joint or Bursa: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid injections.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Official Disability Guidelines state corticosteroid injections are indicated for documented symptomatic severe osteoarthritis of the knee that is not adequately controlled by recommended conservative treatment. As per the clinical notes submitted, the patient underwent a right knee MRI on 07/22/2013, which indicates completely absent body and posterior horn of the lateral meniscus. There was no indication of osteoarthritis. The patient's physical examination on the date of the requested injection revealed only joint line tenderness. There is no evidence of bony enlargement, bony tenderness, crepitus, ESR less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, rheumatoid factor less than 1:40 titer, or synovial fluid signs. There is also no evidence of a failure to respond to recent conservative treatment with exercise, NSAIDs, or acetaminophen. Based on the clinical information received, the patient does not currently meet criteria for a corticosteroid injection. All subsequent CPT codes, including 20610, 76880, J1100, and J1030 are also not medically necessary. Based on the clinical information received, the request is non-certified.

**Ultrasound, Extremity, Non-Vascular, Real Time with Image Documentation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid injections.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Official Disability Guidelines state corticosteroid injections are indicated for documented symptomatic severe osteoarthritis of the knee that is not adequately controlled by recommended conservative treatment. As per the clinical notes submitted, the patient underwent a right knee MRI on 07/22/2013, which indicates completely absent body and posterior horn of the lateral meniscus. There was no indication of osteoarthritis. The patient's physical examination on the date of the requested injection revealed only joint line tenderness. There is no evidence of bony enlargement, bony tenderness, crepitus, ESR less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, rheumatoid factor less than 1:40 titer, or synovial fluid signs. There is also no evidence of a failure to respond to recent conservative treatment with exercise, NSAIDs, or acetaminophen. Based on the clinical information received, the patient does not currently meet criteria for a corticosteroid injection. All subsequent CPT codes, including 20610, 76880, J1100, and J1030 are also not medically necessary. Based on the clinical information received, the request is non-certified. ❌

**Injection, Desamethasone Sodium Phosphate, 1mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid injections.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Official Disability Guidelines state corticosteroid injections are indicated for documented symptomatic severe osteoarthritis of the knee that is not adequately controlled by recommended conservative treatment. As per the clinical notes submitted, the patient underwent a right knee MRI on 07/22/2013, which indicates completely absent body and posterior horn of the lateral meniscus. There was no indication of osteoarthritis. The patient's physical examination on the date of the requested injection revealed only joint line tenderness. There is no evidence of bony enlargement, bony tenderness, crepitus, ESR less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, rheumatoid factor less than 1:40 titer, or synovial fluid signs. There is also no evidence of a failure to respond to recent conservative treatment with exercise, NSAIDs, or acetaminophen. Based on the clinical information received, the patient does not currently meet criteria for a corticosteroid injection. All subsequent CPT codes, including 20610, 76880, J1100, and J1030 are also not medically necessary. Based on the clinical information received, the request is non-certified.

**Injection, Methylpredisalone Acetate, 40mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid injections.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Official Disability Guidelines state corticosteroid injections are indicated for documented symptomatic severe osteoarthritis of the knee that is not adequately controlled by recommended conservative treatment. As per the clinical notes submitted, the patient underwent a right knee MRI on 07/22/2013, which indicates completely absent body and posterior horn of the lateral meniscus. There was no indication of osteoarthritis. The patient's physical examination on the date of the requested injection revealed only joint line tenderness. There is no evidence of bony enlargement, bony tenderness, crepitus, ESR less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, rheumatoid factor less than 1:40 titer, or synovial fluid signs. There is also no evidence of a failure to respond to recent conservative treatment with exercise, NSAIDs, or acetaminophen. Based on the clinical information received, the patient does not currently meet criteria for a corticosteroid injection. All subsequent CPT codes, including 20610, 76880, J1100, and J1030 are also not medically necessary. Based on the clinical information received, the request is non-certified.