MAXIMUS Federal Services

Case Number:	CM13-0036033		
Date Assigned:	12/13/2013	Date of Injury:	02/28/1995
Decision Date:	02/20/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 44-year-old female who reported an injury on 02/28/1995. The patient has been treated for ongoing left knee pain. On 10/01/2013, the physician noted that relevant objective findings included left knee trace effusion, no warmth or erythema, tricompartment tenderness, crepitus and reduced range of motion from 10 to 105 degrees with pain on the valgus stress test and recent falls due to knee pain and buckling. Subjectively, the patient noted that the knee was getting worse with the patient stating that her pain was getting worse with increased and more frequent pain, buckling 2 to 3 times a day and having limited ability to stand and walk. The patient also noted that prior cortisone shots to the left knee provided temporary relief. The patient was seen on 11/18/2013 for constant knee pain in her left knee. She noted that the knee had frequent popping and giving out, and walking tolerance was limited to 20 to 30 minutes. Two days later, the patient was seen again for an urgent visit for severely increased knee pain for 2 days. The patient reportedly had buckling of the left knee with increased pain and swelling; and although the knee collapsed, the patient did not fall, and there was no direct trauma involved. Objective findings noted that the left knee had increased swelling, moved medially, but there was no erythema. There was mild warmth, diffuse tenderness and "fullness." Range of motion was +10 to 70 degrees. The patient displayed a severe limp on the left, guarding with ligament exam and subsequently underwent a left knee ultrasound-guided injection of 2% Lidocaine and dexamethasone 10 mg/mL. The physician also aspirated 35 cc of straw-colored synovial fluid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the request for Norco 7.5/325 mg for a total of 60 tablets, in the case of this patient, it was noted in the documentation dated 10/01/2013 that she had been prescribed this medication to help relieve her chronic pain. However, the documentation following that indicated that the medication had not been effective in reducing the patient's pain as noted in the progress reports dated 11/18/2013 and 11/20/2013. Both stated that the patient had increased left knee pain also with a severe knee pain reported on 11/20/2013. Therefore, the medical necessity for the continuation of Norco cannot be established. The California MTUS states that if there is no overall improvement in function, unless there are extenuating circumstances, a decrease in functioning or continuing pain; opioid medications should be discontinued. In the case of this patient, there are no objective measurements pertaining to the effectiveness of this medication upon use. As such, the requested service is not medically necessary or appropriate at this time.

Cortisone injection to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic)

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 and Leg Chapter, Corticosteroid injections

Decision rationale: In regards to the request for a cortisone injection to the left knee, the California ACOEM Guidelines state that cortisone injections are optional in the treatment of knee disorders. The Official Disability Guidelines have also been referred to in this case and state that the criteria for intra-articular glucocorticosteroid injections includes documented symptomatic severe osteoarthritis of the knee according to the American College of Rheumatology criteria, which requires knee pain and at least 5 of the following: (1) bony enlargement; (2) bony tenderness; (3) crepitus; (4) erythrocyte sedimentation rate of less than 40 mm/hr; (5) less than 30 minutes of morning stiffness; (6) no palpable warmth of the synovium; (7) over 50 years of age; (8) rheumatoid factor of less than 1:40 titer; (9) synovial fluid signs which include clear fluid of normal viscosity and a white blood cell count of less than 2000/mm3. Furthermore, a patient must have documentation of pain not adequately controlled by recommended conservative treatments, to include exercise, nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen. It is also recommended for patients with pain that interferes with functional activities and not attributed to other forms of joint disease. Steroid injections are also intended for the short-term control of symptoms in order for a patient to resume conservative

medical management or delay a total knee replacement. They are also generally performed without fluoroscopic or ultrasound guidance. There should be an absence of synovitis and the presence of effusion preferred but not required with the aspiration of effusions preferred but not required. It states that with several weeks of temporary, partial resolution of symptoms and then worsening pain and function, a repeat steroid injection may be an option. The patient's previous steroid injection was given on 11/20/2013. As there is no current documentation indicating the effectiveness of that previous injection, a repeat injection cannot be warranted at this time. As such, the requested service is not medically necessary or appropriate at this time.