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| <b>Case Number:</b>   | CM13-0036119 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 12/19/2012 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 10/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/18/2013 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 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/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 has submitted a claim for adjustment disorder with mixed anxiety and depressed mood, and left knee strain with effusion associated with an industrial injury date of December 19, 2012. The treatment to date has included oral analgesics, acupuncture, chiropractic therapy, physical therapy, and left knee cortisone injections. The medical records from 2013 were reviewed and showed left knee pain graded 7/10 with popping/clicking. Physical examination showed an antalgic gait on the left. The patient had received previous left knee cortisone injection; however, the response to the treatment was not discussed. A Utilization review dated October 2, 2013 denied the request for left knee cortisone injection due to no documentation of relevant laboratory procedures such as erythrocyte sedimentation rate (ESR), rheumatoid factor test, and synovial fluid analysis to support the necessity of the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE CORTISONE INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) Knee & Leg Chapter, corticosteroid injections was used instead. The ODG states that corticosteroid injections are recommended for short-term use only for osteoarthritis as well as rheumatic disease. Repeated injections to the knee may not accelerate disease progression for osteoarthritis. In this case, the patient complains of persistent left knee pain and has received previous corticosteroid injections to the left knee. However, the diagnosis did not include osteoarthritis and there were no official radiograph findings of osteoarthritis or rheumatic disease. Moreover, the overall improvement and functional benefits obtained from the previous injection were not discussed. Therefore, the request for left knee cortisone injection is not medically necessary.