MAXIMUS Federal Services

| Case Number: | CM13-0041231 | | |
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| Date Assigned: | 12/20/2013 | Date of Injury: | 12/21/2010 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/13/2013 |

## 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 62-year-old female with a reported date of injury on 12/21/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include bilateral degenerative joint disease, osteoarthritis, and patellofemoral chondromalacia. Her previous treatments were noted to include surgery, physical therapy, acupuncture, medications, and a corticosteroid injection. The progress note dated 10/29/2013 revealed the injured worker complained of low back and left knee pain. The injured worker had an aspiration of the joint and a cortisone injection to the left knee 2 weeks prior and stated that it helped for a very short period but the pain came back after about a week. The injured worker complained of pain mostly at the knee, predominantly medial, worse with activity and improved with rest. The injured worker had been attempting to do water aerobics but it was too painful for her. The physical examination of the left knee showed the range of motion to be 0 degrees. Hyperextension/flexion, 0 degrees, contracture, and 130 degrees of flexion. The physical examination of the knee revealed no swelling, no crepitus noted on range of motion, moderate joint effusion, palpation revealed medial joint line tenderness and moderate patellofemoral crepitus. The provider indicated 5/5 strength was noted with resisted knee flexion and extension. The progress note dated 11/19/2013 revealed the injured worker complained of knee pain, predominantly on the medial side. A joint fluid aspiration was performed 10/02/2013 which helped and a cortisone injection which lasted for a few weeks but the pain came back. The general examination of the left knee revealed no swelling, no crepitus with range of motion, moderate joint effusion, palpation, revealed medial joint line tenderness, and a moderate patellofemoral crepitus. Request for Authorization form was not submitted within the medical records. The request for an aspiration and cortisone injection to the left knee for left knee pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ASPIRATION AND CORTISONE INJECTION- LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Knee and Leg Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Corticosteroid injections.

**Decision rationale:** The injured worker had a previous aspiration and cortisone injection to the left knee 10/02/2013. The Official Disability Guidelines recommend corticosteroid injections for short term use only. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injections. The guidelines criteria for intra-articular glucocorticosteroid injections is documented symptomatic severe osteoarthritis of the knee criteria, which requires knee pain and at least 5 of the following including bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate less than 40 mm/hour, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer, synovial fluid signs. The criteria also include pain not controlled adequately by recommended conservative treatments, pain interferes as functional activities. The injection is intended for short term control of symptoms to resume conservative medical management or delay total knee arthroplasty. The guidelines recommend an absence of synovitis but a presence of a fusion is preferred. The recommendation is an aspiration of effusions are preferred and only 1 injection should be scheduled to start, rather than a series of 3. A second injection is not recommended if the first has resulted in complete resolution of symptoms or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The documentation provided indicated no swelling, moderate joint effusion, joint line tenderness, and moderate patellofemoral crepitus. The documentation provided indicated there was bony enlargement, morning stiffness, no warmth to palpation of the knee, tenderness over the bony spurs on the medial compartment. Documentation provided indicated the injured worker meets the criteria for corticosteroid injections; however, the previous cortisone and aspiration injection resulted in a few weeks of relief but the pain came back. The criteria recommend several weeks of temporary, partial resolution of symptoms, then worsening pain and function then a repeat steroid injection may be an option. Therefore, due to the lack of documentation regarding several weeks of temporary, partial resolution of symptoms, the aspiration and cortisone injections is not recommended at this time. Therefore, the request is not medically necessary.