

<b>Case Number:</b>	CM13-0043216		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Florida. 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 is a 57 year-old male who reported an injury on 08/23/2010 and the mechanism of injury being struck by a motor vehicle. The patient complains of chronic bilateral knee pain since his injury. The medical documentation indicate the patient received an MRI 09/27/2012 on the right knee with unofficial results as chronic anterior cruciate ligament insufficiency. Surgical history includes anterior cruciate ligament reconstruction and partial medial and lateral meniscectomies of the right knee on 10/17/2012. The patient has been on medication, received physical therapy, and aquatic therapy but still having issues with pain. On Examination it is noted that he has discomfort with flexion and extension of bilateral knees. The diagnosis is osteoarthritis unspecified whether generalized or localized, lower leg. The current treatment plan is bilateral knee injections under fluoroscopy and monitored anesthesia care (MAC) sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL KNEE INJECTIONS UNDER FLUOROSCOPY AND MONITORED ANESTHESIA CARE(MAC) SEDATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Official Disability Guidelines indicate that corticosteroid injections are recommended for short term use only. The beneficial effect could last three to four weeks but is unlikely to continue beyond that. The Official Disability Guidelines would support corticosteroid injection for well-documented severe osteoarthritis and there is minimal examination findings provided in the documentation submitted and no diagnostic studies results shown. In addition, injections at the knee can easily be done without fluoroscopy and the need for this is not shown. Monitored anesthesia care (MAC) sedation is also not recommended. Therefore, due to the lack of medical documentation provided, the request for bilateral knee injections under fluoroscopy and monitored anesthesia care (MAC) sedation is not medically necessary.