

<b>Case Number:</b>	CM13-0059036		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 is an employee of [REDACTED] and has submitted a claim for bilateral knee pain with an industrial injury date of May 6, 2013. Treatment to date has included medications, physical therapy, and acupuncture. Utilization review from October 30, 2013 denied the request for steroid injection, bilateral knees because the record review did not specify the outcome of conservative treatment approaches. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral knee pain accompanied by bilateral feet pain, which is not relieved by physical therapy. On physical examination, the patient had tenderness to palpation over both knees. There was slight limitation in flexion of both knees and range of motion examination elicited pain. There was also tenderness to palpation over both feet with very limited range of motion. An MRI of the right knee dated August 14, 2013 revealed tricompartmental osteoarthritic changes, maceration of mid to anterior horn of the medial meniscus, and joint effusion. On the other hand, an MRI of the left knee dated August 14, 2013 showed tricompartmental osteoarthritic changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **STEROID INJECTION FOR BILATERAL KNEES : Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter (Knee Complaints), pages 1021-1022.

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

**Decision rationale:** CA MTUS does not address this issue but according to the Knee and Leg Chapter of Official Disability Guidelines (ODG), corticosteroid injections are supported for short-term use in the evaluation/ management of patellofemoral injuries and/or osteoarthritis of the knee. Criteria for intraarticular glucocorticosteroid injections include the following: documented symptomatic severe osteoarthritis of the knee, not controlled adequately by recommended conservative treatments, and intended for short-term control of symptoms. In this case, osteoarthritis of both knees were documented by MRI and the records showed that physical therapy did not provide adequate pain relief. However, there was no discussion regarding treatment response with other approaches to conservative management such as medications or home exercises. In addition, it is not clear whether steroid injection for both knees is intended for short-term treatment only; there is no discussion concerning the treatment plan for the patient's bilateral knees. Therefore, the request for Steroid Injection For Bilateral Knees is not medically necessary.