

<b>Case Number:</b>	CM13-0066088		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/24/2000
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 & 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 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 59 year old male who was injured on 07/24/2000 injuring his bilateral knees. The patient states that the injury occurred over the years while working as an [REDACTED] doing a lot of lifting, squatting, crawling, bending and kneeling. Prior treatment history has included viscosupplementation and he continues to get improvement from it. He had failed conservative treatments. Diagnostic studies reviewed include AP weight bearing x-ray of the right knee and left knee dated 01/08/2013 showing there has not been severe increase in the amount of degenerative disease bilaterally, still has a well placed UnitSpacer prosthesis in the right knee and left knee still with tricompartmental degenerative disease. Progress note dated 09/10/2013 documents the patient with complaints of bilateral knee pain. He is now five months status post bilateral viscosupplementation therapy, getting some increasing pain again. Progress note dated 11/19/2013 documents the patient is complaining of both knees bothering him again. He was last seen 09/2013, had steroid injections that helped to settle it down for the time being, but he is getting more pain and more discomfort, still wearing his braces. Objective findings on exam reveal he does have grinding and crepitation, some medial and lateral compartment tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE BILATERAL KNEE CELESTONE / LIDOCAINE INJECTIONS FOR DOS 11/19/13: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Corticosteroid injections

**Decision rationale:** CA MTUS guidelines do not specifically discuss the cortisone injections other than it is not routinely indicated. As per ODG, these injections are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. In this case, the patient has bilateral knee pain with evidence of severe degenerative joint disease bilateral knees. There is documentation that he has failed conservative care including viscosupplementation therapy. He is 59 years of age and there is no synovitis documented. On physical exam, there is grinding and crepitation with some medial and lateral compartment tenderness. The progress report dated 11/19/2013 indicates that the patient had steroid injection on 09/10/2013 that helped settle it down for the time being, but his pain returned with more discomfort. The ODG indicates that with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. Thus, the medical necessity has been established.