

<b>Case Number:</b>	CM13-0066619		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 was injured on January 22, 2011. The patient continued to experience pain in his back and left knee. The patient underwent lumbar spinal surgery on February 8, 2013 and left knee surgery in January 2012. Physical examination was notable for paraspinal muscular spasms. Diagnoses included lower back pain, upper/lower extremity/foot pain, and lumbosacral or thoracic neuritis or radiculitis. Treatment included physical therapy, medications, home exercise plan, and TENS unit. The patient received a cortisone injection in his left knee with some pain relief. Request for retroactive authorization for left knee steroid injection was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO REQUEST FOR LEFT KNEE STEROID INJECTION (DOS 10/26/2013):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Corticosteroid injections.

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

**Decision rationale:** Invasive techniques, such as cortisone injections, are not routinely indicated. Knee injections carry inherent risks of subsequent intra-articular infection. Per ODG, criteria for glucocorticoid injections include documented symptomatic severe osteoarthritis of the knee, pain not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen), or pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. In this case the patient had not failed conservative measures, had no history of severe osteoarthritis, and pain did not interfere with functional activities. There is no documentation that the patient's signs and symptoms met criteria for steroid injection of the left knee. Therefore, the request is not medically necessary and appropriate.