

<b>Case Number:</b>	CM14-0001245		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/28/2001
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 67 year old female date of injury was 03/28/2011. The mechanism of injury was not reviewed in the clinical documentation. The injured worker had a complaint of popping, grinding, stiffness and feelings that her left knee was giving out. Her current pain level was a 7/10 with pain medication. The injured worker took Hydrocodone every 3 hours for the pain. The pain interfered with her sleep at night. The injured worker underwent a left total knee arthroplasty on 05/05/2009. Six weeks later she had a mini ablation of her left knee. She also had a left knee arthroscopy in August 2010. The injured worker's left knee had a range of motion 0-120 degrees, a 2+ effusion, positive McMurrays sign and pain at extreme of motion. The injured worker had diagnoses of left knee recurrent synovitis with soft tissue impingement; status post left total knee; status post previous left knee manipulation. The injured worker received a corticosteroid injection on 08/15/2013. The injured worker is on Norco. The request for authorization form for the injection was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CORTISONE INJECTION LEFT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Corticosteroid Injections.

**Decision rationale:** The request for cortisone injection left knee is not medically necessary. The injured worker had the left knee cortisone injection on 08/15/2013. After several complaints of knee pain her pain levels were 7/10. The injured worker stated she takes Hydrocodone 4-6 times a day. The injured worker also had persistent pain in the left knee and underwent left knee arthroscopic partial synovectomy on 08/20/2010. The injured worker stated she had effective relief in her knee pain at that time and it did well up until the past several months. The American College of Occupational and Environmental Medicine states invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Also Official Disability Guidelines state, corticosteroid 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. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. The injured worker according to clinical documentation reviewed had a cortisone injection which only gave her relieve for 1 day of relief and documentation did not reveal if there were any other methods of treatment. Based on the results and the guidelines for ACOEM and ODG the corticosteroid injections would not be recommended for the injured worker. Therefore, the request for decision for cortisone injection of left knee is not medically necessary.