

<b>Case Number:</b>	CM14-0105225		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on 7/18/2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/17/2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated left knee positive tenderness along the patella and patellar tendon at tibial insertion. Decreased range of motion was with crepitation. Lumbar spine had decreased range of motion, positive muscle spasms and pain with straight leg raise. Ankle reflexes diminished at 1+. Diagnostic imaging studies included x-rays of the lumbar spine, which revealed no fracture, dislocation or bone abnormality. Multilevel degenerative arthrosis was noted. Previous treatment included medication and conservative treatment. A request had been made for cortisone injection to the left knee and was not certified in the pre-authorization process on 6/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Cortisone Injection for the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (Acute & Chronic) Corticosteroid Injections, updated 6/5/2014.

**Decision rationale:** According to Official Disability Guidelines (ODG), corticosteroid injections are recommended for short-term use only. These injections result in clinically and statistically significant reduction in osteoarthritis knee pain one week after injection. Evidence supports short-term improvement in the injured employee's symptoms of pain of the knee after injection. Number of injection should be limited to 3. After review of the medical documentation provided as well as criteria for intra-articular joint injections, it was noted the injured employee did have knee pain and crepitation with movement; however, they do not have at least 5 of the required criteria according to American College of Rheumatology. Therefore, this request is deemed not medically necessary.