

<b>Case Number:</b>	CM14-0156728		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/10/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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, has a subspecialty in Pain Medicine 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 injured worker is a 57-year-old female with an original industrial injury on July 10, 2006. The patient has industrially related diagnoses of chronic low back pain, lumbar disc herniation, left knee internal derangement, right knee pain, anxiety, depression, insomnia, and bilateral hand/wrist pain. In terms of diagnostic workup, this worker has had left knee x-rays which demonstrated mild medial joint space narrowing. This was performed on August 21, 2014. The disputed request is for an intra-articular steroid injection which was already performed on August 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Intra-articular injection of 2cc Celestone and 6cc lidocaine into the left knee between 8/21/201 and 8/21/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** ACOEM Chapter 13 specifies that aspiration and corticosteroid injections are options for knee pain. Table 13-6 on page 346 specifies that "repeat aspirations or

corticosteroid injections" are optional. In the case of this injured worker, the patient has complaints of severe bilateral knee pain especially in the left knee. This was documented in a progress note on August 21, 2014. Physical examination revealed that patellar grind maneuver was positive and patellar tracking was abnormal. Tenderness was appreciated in the medial aspect of the knee joint. The patient had been taking Tylenol with Codeine and she had reported give way symptoms. She also had some swelling. Given this clinical picture, a knee intra-articular steroid injection is appropriate.