

Case Number:	CM14-0157943		
Date Assigned:	10/01/2014	Date of Injury:	03/13/2008
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 & 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:

This 44 year-old patient sustained an injury on 3/13/08 while employed by [REDACTED]. Request(s) under consideration include Ultrasound guided cortisone injection to the left knee. Diagnoses include knee and leg sprains and strains s/p left knee arthroscopic surgery with patella tendon repair. MRI of left knee dated 12/3/12 showed screw through inferior patella and bright signal at quadriceps tendon insertion representing tear or tendinosis with localized soft tissue edema. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/1/14 from the provider noted the patient with ongoing left knee pain. Exam showed antalgic gait; trace effusion; stable valgus/ varus stress tests and trace patellofemoral crepitation. Report of 8/12/14 from the provider noted the patient with unchanged ongoing chronic low back pain radiating into bilateral legs and left knee pain with instability. ER department report of 6/24/14 noted patient with left knee pain and was given left knee immobilizer for diagnosis of chronic left knee pain exacerbation. Exam was unchanged with same findings of antalgic gait; trace effusion; stable valgus/ varus stress tests and trace patellofemoral crepitation. Treatment included MR arthrogram, knee injection, and PT. The request(s) for Ultrasound guided cortisone injection to the left knee was non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity. This 44 year-old patient sustained an injury on 3/13/08 while employed by [REDACTED]. Request(s) under consideration include Ultrasound guided cortisone injection to the left knee. Diagnoses include knee and leg sprains and strains s/p left knee arthroscopic surgery with patella tendon repair. MRI of left knee dated 12/3/12 showed screw through inferior patella and bright signal at quadriceps tendon insertion representing tear or tendinosis with localized soft tissue edema. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/1/14 from the provider noted the patient with ongoing left knee pain. Exam showed antalgic gait; trace

effusion; stable valgus/ varus stress tests and trace patellofemoral crepitation. Report of 8/12/14 from the provider noted the patient with unchanged ongoing chronic low back pain radiating into bilateral legs and left knee pain with instability. ER department report of 6/24/14 noted patient with left knee pain and was given left knee immobilizer for diagnosis of chronic left knee pain exacerbation. Exam was unchanged with same findings of antalgic gait; trace effusion; stable valgus/ varus stress tests and trace patellofemoral crepitation. Treatment included MR arthrogram, knee injection, and PT. The request(s) for Ultrasound guided cortisone injection to the left knee was non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), Corticosteroid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Corticosteroid Injections, pages 294-295

Decision rationale: This 44 year-old patient sustained an injury on 3/13/08 while employed by [REDACTED]. Request(s) under consideration include Ultrasound guided cortisone injection to the left knee. Diagnoses include knee and leg sprains and strains s/p left knee arthroscopic surgery with patella tendon repair. MRI of left knee dated 12/3/12 showed screw through inferior patella and bright signal at quadriceps tendon insertion representing tear or tendinosis with localized soft tissue edema. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/1/14 from the provider noted the patient with ongoing left knee pain. Exam showed antalgic gait; trace effusion; stable valgus/ varus stress tests and trace patellofemoral crepitation. Report of 8/12/14 from the provider noted the patient with unchanged ongoing chronic low back pain radiating into bilateral legs and left knee pain with instability. ER department report of 6/24/14 noted patient with left knee pain and was given left knee immobilizer for diagnosis of chronic left knee pain exacerbation. Exam was unchanged with same findings of antalgic gait; trace effusion; stable valgus/ varus stress tests and trace patellofemoral crepitation. Treatment included MR arthrogram, knee injection, and PT. The request(s) for Ultrasound guided cortisone injection to the left knee was non-certified on 9/9/14. Diagnoses include knee sprain/ strain without noted severe arthritis. There is no current imaging or x-ray findings available. Previous MRI of December 2012 had no noted osteoarthritis. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr.; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over

50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The Ultrasound guided cortisone injection to the left knee is not medically necessary and appropriate.