

<b>Case Number:</b>	CM14-0174954		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 64-year-old male with a date of injury of 08/28/2002. The listed diagnoses per [REDACTED] are: 1.Left shoulder sprain/strain.2.Lumbar sprain/strain.3.Left knee sprain/strain.4.Probable posttraumatic arthritis, left knee.According to progress report 09/10/2014, the patient presents with low back, left knee, and left shoulder complaints. Examination of the knee revealed moderate tenderness to palpation in the left medial patella, positive crepitus with left knee flexion and extension, moderate decreased ROM in the left knee, and antalgic gait on the left. Treater states MRI of the left knee from 06/30/2014 revealed DJD consistent with the patient's pain symptoms. He would like to request a series of left knee IA steroid injections under ultrasound guidance. Utilization Review denied the request on 09/22/2014. Treatment reports from 01/13/2014 through 09/10/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee intra-articular steroid injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter and Knee Corticosteroid Injections, updated 08/25/14

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

**Decision rationale:** This patient presents with continued left knee pain. The treater is requesting a left knee intraarticular steroid injection under ultrasound guidance. Utilization Review references a progress report dated 05/07/2014 which noted that the patient "had 12 cortisone injections into his left knee and provided short-term relief." The ACOEM guidelines states on page 339 "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated." ODG guidelines provide a more thorough discussion: "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 progress reports do not discuss prior injections and do not document improvement in the patient's symptoms from these repeat injections despite UR reference to some 12 injections in the past. The request appears to be for series of cortisone injections again. The ODG guidelines do not recommend more than 3 cortisone injections in general. There is also no support for ultrasound guidance for knee injections either. The request is not medically necessary.