

<b>Case Number:</b>	CM14-0022748		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/08/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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, and is licensed to practice in Texas. 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 37-year-old who reported an injury on August 8, 2010. The mechanism of injury was not provided in the documentation. Per the x-ray of the bilateral knees dated August 26, 2013 the injured worker was reported to have no acute bony abnormalities of the knees and no evidence of any joint effusion; however, there was mild narrowing in the medial compartment of the knee. Per the progress note dated January 14, 2014 the injured worker was reported to have undergone arthroscopic surgery to the left knee in 10/2013. The injured worker was also reported to have undergone arthroscopic surgery with a partial medial meniscectomy to the right knee; however, the date was not provided. The injured worker continued to report pain to the right knee. On physical examination there was no significant effusion to the right knee; however, there was uncomfortable pain at the end of range of motion. The injured worker had full extension and flexion to 125 degrees with some lateral joint line tenderness and a negative Homans' sign. Previous treatments for the injured worker included imaging studies, surgery, and medications. Diagnoses for the injured worker were reported to include persistent right knee pain, right knee degenerative changes, left knee complex medial meniscus status post arthroscopic surgery. The request for authorization form for medical treatment for the right knee "interarticular" injection of corticosteroid and the provider's rationale for that request were not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **ONE RIGHT KNEE INTERARTICULAR INJECTION OF CORTICOSTEROID:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injections.

**Decision rationale:** According to the Knee Complaints Chapter of the ACOEM Practice Guidelines, invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Panel interpretation of information regarding corticosteroid injections does not meet inclusion criteria for research-based evidence. Per Official Disability Guidelines, there must be documented symptomatic severe osteoarthritis of the knee for the American College of Rheumatology, including knee pain and at least 5 of the following symptoms or conditions: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate less than 40 mm an hour, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, over 50 years of age, rheumatoid factor less than 1:40 titer, synovial fluid signs, pain not controlled adequately by recommended conservative treatments, or pain that interferes with functional activities and is not attributed to other forms of joint disease. There is a lack of significant clinical findings including bony enlargement or tenderness and crepitus to warrant the injection. There is a lack of diagnosis of osteoarthritis for the injured worker. There is a lack of documentation regarding conservative treatments for the injured worker and the efficacy of those treatments including medication and physical therapy. There is a lack of documentation regarding decreased functionality related to the knee pain. In addition, the injured worker is not over the age of 50. The request for one right knee interarticular injection of corticosteroid is not medically necessary and appropriate.