

Case Number:	CM14-0030072		
Date Assigned:	06/20/2014	Date of Injury:	05/22/2012
Decision Date:	09/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 32-year-old male who has submitted a claim for lumbosacral sprain/strain and bilateral knee sprain/strain associated from an industrial injury date of May 22, 2012. Medical records from 2013 to 2014 were reviewed, the patient complains of low back pain, pain in his bilateral lower extremities and bilateral knee pain rated at 3 out of 10. On physical examination, patient ambulates with an antalgic gait, with pain in both knees. His lumbar range of motion is limited. There is tenderness in the quadratus lumborum bilaterally and gluteal musculature bilaterally. His knees evidence crepitus on movement while the patella seemed to track midline, albeit with the crepitus. There is tenderness along the medial joint lines bilaterally, however the ligamentous structures are stable, including the medial and lateral collateral ligaments and the ACL and PCL bilaterally. Treatment to date has included Naproxen, Flexeril, Medrox patches, chiropractic sessions and use of TENS unit. Utilization review from February 6, 2014 denied the request for RIGHT KNEE INJECTIONS OF LIDOCAINE, MARCAINE AND KENALOG UNDER ULTRA SOUND GUIDANCE because there was no evidence of failure with recommended conservative care including physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE INJECTIONS OF LIDOCAINE, MARCAINE AND KENALOG UNDER ULTRA SOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not address the topic on corticosteroid injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Divisions of Workers Compensation, the Official Disability Guidelines was used instead. ODG recommends corticosteroid injections for short-term use only. It 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. It is recommended for 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: 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); synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). In this case, corticosteroid injection was recommended for the right knee. However, the patient does not satisfy the criteria for symptomatic severe osteoarthritis. Also, there is no documentation of failure of conservative treatments. The medical necessity for corticosteroid injection was not established. Therefore, the request for RIGHT KNEE INJECTIONS OF LIDOCAINE, MARCAINE AND KENALOG UNDER ULTRA SOUND GUIDANCE is not medically necessary.