

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0042372 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 07/02/2012 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 03/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2014 |

### 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 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 47 year-old patient sustained a cumulative trauma injury on 7/2/12 while employed by The Sheriff's Department. The requests under consideration include a Celestone, Lidocaine and Marcaine 2 cc injection to the left knee. The patient is status post a left knee ACL reconstruction in November 2002. Conservative care has included medications, physical therapy, corticosteroid injection with Celestone to left knee on 8/13/12, and modified activities/rest. Diagnoses include unspecified internal derangement of knee; carpal tunnel syndrome; and radial styloid tenosynovitis. Report of 8/13/12 from the provider noted the patient with intermittent left knee pain aggravated by squatting, kneeling, ascending/descending stairs; walking; standing and prolonged sitting. Exam of left knee showed tenderness in anterior joint line space; patellar grind; and a positive McMurray's test. The patient's treatment included a retro authorization of medications (Naproxen, Cyclobenzaprine HCL, Cidaflex, Ondansetron, Omeprazole, Medrox), MRI, electrodiagnostics of bilateral upper and lower extremities. Report of 5/30/14 from another orthopedic provider noted patient evaluated by yet another hand/shoulder orthopedist who did not recommend any surgery for her thumb/hand symptoms of pain with numbness/tingling. A report of 4/14/14 from hand/shoulder orthopedic referenced upper extremity symptoms without mention of knee complaints. Reports of 11/4/13 and 3/31/14 from general orthopedist noted diagnoses of carpometacarpal joint osteoarthritis of thumbs and carpal tunnel syndrome (CTS). No reference of knee injection made. Report of 4/29/13 from the 3rd orthopedic requesting provider noted patient with persistent neck pain and upper extremity numbness/tingling. There was exam of left which revealed tenderness at joint line with positive patellar compression test and painful terminal flexion. The patients diagnoses included bilateral CTS with right DeQuervain's; rule out cervical radiculitis; left knee internal derangement s/p left knee ACL reconstruction history. Treatment included reviewing MRI and home exercise program along

with medications. Request(s) for Celestone, Lidocaine and Marcaine 2 cc injection to the left knee was non-certified on 3/13/14 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:

**Celestone, Lidocaine and Marcaine 2 cc to the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

**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:** The 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/mm<sup>3</sup>), 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 Celestone, Lidocaine and Marcaine 2 cc injection to the left knee is not medically necessary and appropriate.