

Case Number:	CM14-0046818		
Date Assigned:	07/02/2014	Date of Injury:	07/22/2009
Decision Date:	08/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unilateral total knee arthroplasty; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for a knee corticosteroid injection, invoking non-MTUS ODG guidelines outright. A knee brace/knee orthosis was also denied. The claims administrator again invoked non-MTUS ODG guidelines, although the MTUS did address the topic. The applicant's attorney subsequently appealed. A March 12, 2014 progress note was notable for comments that the applicant reported persistent complaints of right knee pain status post an earlier total knee arthroplasty. The applicant was also symptomatic insofar as the left knee was concerned. The applicant attributed her symptoms to compensating for the symptomatic right knee. A knee corticosteroid injection, Naprosyn, tramadol, and a knee brace were endorsed. The applicant did exhibit an antalgic gait. The applicant had an equivocal McMurray sign and medial joint line tenderness about the left knee. The applicant was given diagnosis of left knee chondromalacia and/or left knee arthritis. Permanent work restrictions were renewed. The applicant did not appear to be working. In an earlier note of January 25, 2014, the attending provider stated that the applicant had MRI imaging of the left knee demonstrating a condylar defect. The attending provider stated that he was seeking authorization to treat the left knee as a compensable consequence of the earlier right knee replacement. The remainder of the file was surveyed. There was no evidence that the applicant had had a prior left knee corticosteroid injection. In a medical-legal evaluation of October 15, 2013, it was acknowledged that the applicant was not working as a certified nursing

assistant. The medical-legal evaluator's survey of records suggested that the bulk of the treatment to date had revolved around the applicant's primary complaints of right knee pain. There was no evidence that the applicant had undergone a prior left knee corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Triamcinolone Acetonide: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology Criteria.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 346, corticosteroid injections of agents such as triamcinolone are "optional" in the treatment of knee pain, as is present here. In this case, however, the attending provider has posited that the applicant has failed conservative treatment in the form of time, medications, physical therapy, observation, etc., and still has persistent complaints of knee pain apparently associated with a cartilaginous defect of the left knee. Oral pharmaceuticals such as Naprosyn and tramadol had provided only incomplete analgesia. A knee corticosteroid injection is therefore indicated. Therefore, the request is medically necessary.

Injection of Lidocaine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology Criteria.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for a knee corticosteroid triamcinolone injection. Lidocaine, a local anesthetic, is being proposed for usage in conjunction with the triamcinolone corticosteroid injection. Since that request was deemed medically necessary, the derivative request for lidocaine is likewise medically necessary.

Arthrocentesis, aspiration and/or injection; major joint or bursa of knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology Criteria.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: This is likewise a derivative request, one which accompanies the primary request for a left knee corticosteroid injection. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 346, aspiration of a tense prepatellar bursa is "recommended." Again, since the primary request for the knee triamcinolone corticosteroid injection was deemed medically necessary, the derivative request for an arthrocentesis/major joint injection is likewise medically necessary.

Ultrasonic guidance for needle placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phys SportsMed, September 2011.

Decision rationale: The MTUS does not address the topic. As noted in a systematic review article appearing in Phys SportsMed in September 2011, no difference in long-term outcome measures has been identified using either a blind or an ultrasound-guided injection. In this case, no applicant-specific rationale or medical evidence was attached to the request for authorization so as to augment the tepid/neutral article recommendation. No rationale for selection of the ultrasound guided injection in favor of a conventional approach was proffered by the attending provider. Therefore, the request is not medically necessary.

left knee neoprene orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology Criteria.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, for the average applicant, using a brace is usually unnecessary. A brace is usually necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. In this case, however, there is no evidence that the applicant is climbing ladders or carrying boxes. The applicant is off of work, making it highly unlikely that the applicant will be performing either activity on a repetitive or sustained basis. Therefore, the request is not medically necessary.