

<b>Case Number:</b>	CM14-0047380		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/18/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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, 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 63 year old with an injury date on 9/18/10. Based on the 3/10/14 progress report provided the diagnoses are: 1. cervical disc degeneration, 2. cervical facet arthropathy, 3. cervical radiculopathy, 4. cervical spine stenosis, 5. lumbar disc degeneration, 6. chronic pain other, 7. lumbar facet arthropathy, 8. lumbar radiculopathy, 9. lumbar spinal stenosis, 10. left knee pain, 11. diabetes mellitus, 12. Hypertension. The exam on 3/10/14 showed "patient has slow gait, and uses a cane to ambulate. C-spine: tenderness to palpation in bilateral paravertebral C4-C6 area. Lower extremity: tenderness to palpation in left knee. Range of motion of lower extremities decreased due to pain (left knee). Decreased motor strength of extensor muscles in left lower extremity." The physician is requesting Left knee cortisone injection. The utilization review determination being challenged is dated 4/1/14 and rejects request as guidelines do not recommend cortisone injections for knee sprains. The physician is the requesting provider, and he provided treatment reports from 10/21/13 to 4/7/14 .

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE CORTISONE INJECTION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Corticosteroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Knee, Cortisone Injection.

**Decision rationale:** This patient presents with neck pain radiating to bilateral upper extremity, and lower back pain radiating down bilateral lower extremities. The physician has asked for Left knee cortisone injection on 3/10/14 "instead of surgery, as patient has considerable persistent pain with negative impact on function and has failed conservative treatment." Review of the reports do not show any evidence of cortisone injections being administered in the past. Regarding cortisone Injections for the knee, ODG recommends for short-term use only. Only one injection should be scheduled to start, rather than a series of three. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. In this case, the patient's knee has not responded to conservative modalities. The physician is requesting a cortisone injection to delay surgery, which is reasonable and within ODG guidelines for patient's persistent knee pain. Recommendation is for authorization.