

<b>Case Number:</b>	CM14-0062575		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/06/1995
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 76 year-old patient sustained an injury on 9/6/1995 while employed by [REDACTED]. Request under consideration include 1 Left Knee cortisone injection under ultrasound as outpatient. Diagnoses include Right knee osteoarthritis. The patient is s/p Left total knee replacement. Report of 3/17/14 from the provider noted the patient with continued knee pain. Per the provider, the Left total knee replacement was done about ten years ago; the patient had previous steroid injection to the knee with pain relief; A bone scan has shown increased lucencies under the tibial tray/ tibial plateau consistent with loosening of the prosthesis. The provider noted future plan to ultimately revise the left total knee. The request for 1 Left Knee cortisone injection under ultrasound as outpatient was deemed not medically necessary on 4/4/14 citing guidelines criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left Knee cortisone injection under ultrasound as outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 11/29/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Corticosteroid Injections, pages 294-295.

**Decision rationale:** This 76 year-old patient sustained an injury on 9/6/1995 while employed by [REDACTED]. Request under consideration include 1 Left Knee cortisone injection under ultrasound as outpatient. Diagnoses include Right knee osteoarthritis. The patient is s/p Left total knee replacement. Report of 3/17/14 from the provider noted the patient with continued knee pain. Per the provider, the Left total knee replacement was done about ten years ago; the patient had previous steroid injection to the knee with pain relief; A bone scan has shown increased lucencies under the tibial tray/ tibial plateau consistent with loosening of the prosthesis. The provider noted future plan to ultimately revise the left total knee. The request for 1 Left Knee cortisone injection under ultrasound as outpatient was non-certified on 4/4/14. The patient is s/p left knee TKA with current loosening of prosthesis. 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; however, the patient already underwent TKA with increased infection risk introduced from cortisone injection. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial or limitations in ADLs to meet guidelines criteria. Thus the 1 Left Knee cortisone injection under ultrasound as outpatient is not medically necessary and appropriate.