

<b>Case Number:</b>	CM14-0090927		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/05/2006
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 51 year old female who sustained an industrial injury after a fall on 05/04/06 with injury to her left shoulder and left knee. Her evaluation included x-ray of knee on 03/13/12, which revealed moderate decreased cartilage interval in all three compartments and an x-ray in 2013 that showed moderate degenerative changes. Her treatment included left knee surgery in 2006, a right shoulder surgery and a right elbow surgery, psychiatric treatment, aquatic therapy, acupuncture, Synvisc injection, cortisone injections, Naproxen and Hydrocodone. She had left knee cortisone injection on 07/23/13 that showed 65% decrease in pain; left knee Pes Anserine bursa injection on 07/09/13 that decreased the pain by 40%, left knee cortisone injection on 01/19/12 that helped for a week; left knee Pes anserine bursa injection on 03/13/12 that helped for 5 weeks; and left knee Pes anserine bursa injection on 07/10/12. Her progress note from 04/15/14 was reviewed. Subjective complaints included left knee pain that was moderate to severe, exacerbated by prolonged walking and standing. She used a cane and an unloader brace for ambulation. Ambulatory distance was limited to 3 blocks by pain. She had acupuncture for left knee for 6 sessions. Pertinent examination findings included antalgic gait. Left knee examination revealed no erythema; warmth within normal limits; moderate valgus alignment; mild swelling and moderate tenderness to palpation at medial joint line; lateral joint line and pes anserine bursa; and decreased knee flexion to 115 degrees and decreased extension strength to 4+/5. Varus stress resulted in near normal knee alignment. Diagnoses included left knee moderate to advanced arthrosis and left knee pes anserine bursitis. She was given a cortisone injection in her left knee. She was advised to continue her knee unloader brace. Her progress notes from 05/9/14 were reviewed. She received a cortisone injection with 50% continued relief in her left knee on 04/15/14. She complained of right shoulder and left knee pain. Physical examination revealed negative Spurling's test, positive

Tinel sign on the right, tenderness in the midline L4-S1 region, tenderness in the right paraspinal muscles, and negative straight leg raising test bilaterally. Pertinent diagnoses included status post left knee arthroscopy x 3 and degenerative arthrosis. The plan of care included home exercises, Hydrocodone, and Naproxen. The request was for retrospective left knee corticosteroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Left Knee Joint Corticosteroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Corticosteroid Injections

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

**Decision rationale:** The employee had ongoing knee pain with a diagnoses of status post 3 arthroscopic knee surgeries on left side and knee arthrosis moderate to advance. Her x-ray showed moderate tricompartmental arthrosis. She had acupuncture treatment, physical therapy, oral medications, knee brace, Synvisc injection in 2009, and five cortisone injections to left knee from 2012 to 2013. According to Official Disability Guidelines (ODG), knee intraarticular glucocorticosteroid injections are recommended in the setting of severe osteoarthritis, not controlled by conservative measures, for delaying TKA and the number of injections should be limited to three. The employee had five injections in 2 years above the recommended 3 injections. Therefore, the request for cortisone injection is not medically necessary or appropriate.