

<b>Case Number:</b>	CM14-0113593		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 injured worker suffered an on the job injury, on January 2, 2013. The injured worker has complaints of bilateral capel tunnel syndrome and bilateral knee pain. On May 6, 2014 the injured worker received an injection of celstone, marcaine and lidocaine. The progress note did not identify where the injection was given. According to the UR review the physician's office was called and the injured worker was given the injection into the lumbar spine. According to the UR the injured worker had been complaining of neck pain, headaches and lower back pain, noted from a progress note of February 18, 2014. The exam on May 6, 2014, noted continued bilateral knee pain, carpel tunnel syndrome, and positive McMurray and patellar grind test, no mention of neck or lumbar pain. There was no other documentation to support prior or past treatment other than oral medication. No radiological reports, laboratory studies or progress notes were provided with this application for IMR. The UR dated October 20, 2014 for an injection of 2cc celestone, 3cc of marcaine and lidocaine was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive 2cc Celestone, 3cc Maracaine and Lidocaine Injections for date of service 05/06/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg Procedure Summary

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

**Decision rationale:** The employee was being treated for bilateral knee pain and carpal tunnel syndrome. She was treated with oral medications. The request was for Celestone, Marcaine and Lidocaine injections. According to Official Disability Guidelines on knee and leg complaints, corticosteroid injections are recommended for short term use only if the following criteria are met. There should be documented severe osteoarthritis, pain should interfere with functional activities, and pain should not be adequately controlled by conservative measures and intended for short term control of symptoms to resume conservative medical management. The employee had bilateral knee pain, positive patellar grind test and positive McMurray test. Prior treatment is unavailable. Given the lack of documentation of conservative treatment failure, the request for Celestone, Marcaine and Lidocaine to knee is not medically necessary or appropriate.