

Case Number:	CM14-0192817		
Date Assigned:	11/26/2014	Date of Injury:	10/10/2006
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 Pain 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 injured worker is a 53-year-old female. The injured worker sustained an original industrial injury on October 10, 2006. The industrial diagnoses include knee osteoarthritis, reflex sympathetic dystrophy, posttraumatic stress disorder sleep disturbance, lumbar sprain and strain, and there is a past history of gastroesophageal reflux and hypertension. The patient has undergone right knee surgeries in January 2007 and June 2011. The disputed issue is a request for the steroid injection. A utilization review determination had noncertified this request, stating that the use of ultrasound is not supported and that injections are noted to be performed adequately utilizing anatomic landmarks. The reviewer further specified that it was unclear if previous injections to the knee had been accomplished and whether or not they were beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cortisone Knee Injection with Us Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid injections

Decision rationale: Regarding the request for a steroid injection of the knee, ACOEM Chapter 13 specifies that aspiration and corticosteroid injections are options for knee pain. Table 13-6 on page 346 specifies that "repeat aspirations or corticosteroid injections" are optional. Further specification of the conditions in which steroid injections are warranted are found in the ODG. The ODG states that intra-articular corticosteroid injections are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of 1) severe osteoarthritis of the knee with knee pain 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease ;4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Within the documentation available for review, the requesting physician documented that the patient had physical therapy, knee bracing, pain medications, and surgery. Despite these measures, the patient continues with significant pain and dysfunction. There are multiple months of request for a knee steroid injection starting from July onward to September 2014. The patient's knee imaging in the past has documented cartilage tear along the medial facet of the patella. As such, the currently requested knee steroid injection is medically necessary. Furthermore, The use of ultrasound to guide knee injections is appropriate as there are studies which demonstrate that blind injections can end up in the wrong areas such as the pre-patellar fat pad.