

Case Number:	CM14-0205489		
Date Assigned:	12/17/2014	Date of Injury:	11/01/2011
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male with an injury date on 11/01/2011. Based on the 11/12/2014 progress report provided by the treating physician, the diagnoses are: 1. Left knee pain 2. Left knee arthritis 3. Status post microfracture of the medial femoral condyle and possible left knee calcium pyrophosphate 4. Status post left knee lateral meniscectomy According to this report, the patient complains of "left knee pain." Physical exam reveals tenderness over the medial femoral condyle and medial joint line. There is no vargus or valgus laxity. Per the requesting physician, "In December 2011, the patient had an MRI of his left knee that demonstrated osteochondral nondisplaced defect with boney edema in the medial femoral condyle. This was associated in the lateral compartment with a lateral meniscus tear." A repeat MRI 6 months shows a "3 mm osteochondral defect in the medial femoral condyle." Reports f the 2 mentioned MRI was not included in the file for review. Treatment to date includes 2 prior right knee arthroscopies and 1 left lateral meniscectomy, chondroplasty and a microfracture of the medial femoral condyle in 2012. The treatment plan is to request for "steroid injection of Kenalog, Xylocaine and Marcaine under ultrasound guideline." The patient's work status is "Normal activities." The 08/06/2014 and 09/12/2014 reports were reviewed and there were no other significant findings noted. The examination findings are unchanged from 08/06/2014 to 11/12/2014 reports. The utilization review denied the request for (1) Left knee injection, (2) US guidance, (3) triamcinolone acetoneinj, and (4) lidocaine hcl inj. on 11/26/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 08/06/2014 to 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Corticosteroid injections.

Decision rationale: According to the 11/12/2014 report, this patient presents with "left knee pain." The current request is for Left knee injection. Regarding cortisone injection, MTUS and ACOEM Guidelines are silent; however, ODG Guidelines state that corticosteroid injection is indicated for severe osteoarthritis and must have at least 5 criteria of the following: 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), synovial fluid signs. Conservative measures must have failed as well. In this case, the patient is under the age 50 and has left knee pain with tenderness, but no X-ray or labs are provided. No crepitus (noisy, grating sound) on active motion, and no morning stiffness are mentioned. There is no evidence of "severe osteoarthritis," either. Given the lack of indication as required by ODG guidelines, the request IS NOT medically necessary.

Ultrasound guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 11/12/2014 report, this patient presents with "left knee pin." The current request is for Ultrasound guidance. Regarding Ultrasound guidance, MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given that the request for knee injections was not recommended; the requested Ultrasound guidance is not medically necessary.

Injection, triamcinolone acetonide, not otherwise specified, 10 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Corticosteroid injections.

Decision rationale: According to the 11/12/2014 report, this patient presents with "left knee pin." The current request is for Injection, triamcinolone acetonide. Triamcinolone acetonide is "a synthetic glucocorticoid corticosteroid with marked anti-inflammatory action." Regarding cortisone injection, MTUS and ACOEM Guidelines are silent; however, ODG Guidelines state that corticosteroid injection is indicated for severe osteoarthritis and must have at least 5 criteria of the following: 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), synovial fluid signs. Conservative measures must have failed as well. In this case, the patient is under the age 50 and has left knee pain with tenderness, but no X-ray or labs are provided. No crepitus (noisy, grating sound) on active motion, and no morning stiffness are mentioned. There is no evidence of "severe osteoarthritis," either. Given the lack of indication as required by ODG guideline, the request IS NOT medically necessary.

Injection, lidocaine hcl for intravenous infusion, 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 11/12/2014 report, this patient presents with "left knee pin." The current request is for Injection, lidocaine hcl for intravenous infusion, 10 mg. Regarding Lidocaine, MTUS guidelines states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, the requested Lidocaine injection is not supported by the guidelines. Therefore, the request IS NOT medically necessary.