

Case Number:	CM15-0000033		
Date Assigned:	01/09/2015	Date of Injury:	04/11/2007
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old female sustained a worker related injury on 04/11/2007. According to a progress report dated 11/07/2014, chief complaint included injury of the bilateral knees and right elbow. Pain was unchanged and was rated a 5-6 on a scale of 0-10. Activities were limited. Physical examination revealed mild to moderate tenderness of the knees and no crepitations. Motor strength was normal throughout the upper and lower extremities. According to a progress report dated 12/03/2014, the injured worker complained of increased pain in her bilateral knees. Pain was rated 5-6 on a scale of 0-10. Physical examination revealed moderate tenderness of the knee and no crepitations. Motor strength was normal throughout the upper and lower extremities. Sensation was equal to light touch in the upper and lower extremities bilaterally. There was no joint instability. X-rays of the right and left knee revealed mild to moderate medial compartment and patellofemoral degenerative changes with osteophytosis and joint space narrowing. Diagnoses included Chronic Pain NEC, Joint Pain/Leg-Bilateral Knees, Sprain Elbow/Forearm NEC-Right and LOC Prim Osteoarthritis L/Leg Bilateral Knees. Treatment plan included continue current medications, discontinue Voltaren gel and cortisone injection to the right and left knee. On 12/11/2014, Utilization Review non-certified Cortisone Injection Bilateral Knees x 2. According to the Utilization Review physician, the referenced practice guidelines state that glucocorticosteroid injections are recommended in patients with documented severe osteoarthritis of the knee. However, the recent physical examination findings do not meet the criteria for severe osteoarthritis. Although the injured worker had patellar tenderness with absence of palpable warmth, other findings suggestive of severe osteoarthritis were not present.

Guidelines cited for this review included CA MTUS ACOEM Knee Complaints; Official Disability Guidelines Knee & Leg (Acute & Chronic). The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection, Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, knee steroid injections are considered optional. According to the ODG guidelines, short -term benefits of knee steroid injections are indicated for osteoarthritis and should be limited to 3 injections. Criteria for Intraarticular glucocorticosteroid injections: 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: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); In this case, the claimant did not have at least 5 of the above in the clinical/physical findings. As a result, the request for bilateral knee steroid injection is not medically necessary.