MAXIMUS Federal Services

Case Number:	CM15-0000382		
Date Assigned:	01/09/2015	Date of Injury:	04/04/1996
Decision Date:	03/09/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/02/2015

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: Ohio, North Carolina, Virginia
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:

The injured worker is a 61 year old male, who sustained an industrial injury on 04/04/1996. He has reported subsequent neck, left arm and leg pain. The diagnoses have included complex regional pain syndrome of the left upper extremity, osteoarthrosis of the left knee, brachial neuritis, reflex sympathetic dystrophy and cervical spondylosis. Treatment to date for the left knee has included oral pain medication and cortisone injections. Many of the PR-2 notes are difficult to decipher. Currently the Injured Worker complains of continued left knee pain. A mild left knee effusion was noted with medial joint line tenderness. The severity of pain was not documented. The physician noted that the treatment plan included a left knee cortisone injection. Although prior cortisone injections of the knee were documented it is unclear as to how many injections were received and what the specific results had been. On 12/29/2014, Utilization Review non-certified a request for a left knee cortisone injection, noting that invasive techniques such as cortisone injections were not routinely indicated and that there was not sufficient documentation of the failure of conservative therapy. ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Corticosteroid injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee

Decision rationale: Criteria for Intra articular 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); Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance; Absence of synovitis, presence of effusion preferred (not required); Aspiration of effusions preferred (not required); Only one injection should be scheduled to start, rather than a series of three; second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three.In this instance, the requisite 5 criteria from the above list were not submitted for this review. The injured worker is over the age of 50, has bony tenderness, and by inference does not have synovial warmth. There is no mention of a sedimentation rate, morning stiffness, or synovial fluid analysis. As such, in accordance with the stated guidelines, a left knee cortisone injection was not medically necessary.