

Case Number:	CM15-0005036		
Date Assigned:	01/16/2015	Date of Injury:	04/24/2003
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on 4/24/2003, and reported knee pain due to repeat trauma at the work place. The diagnoses have included bilateral knee osteoarthritis. Treatment to date has included conservative measures. On 4/07/2014, the injured worker complained of increased bilateral knee pain and reported short-lived relief with knee injections. Sensation was intact to bilateral lower extremities and crepitus to both knees was noted. Bilateral knee injections were done with 1cc Depo-Medrol and 2cc Lidocaine. On 6/16/2014, the injured worker was seen for follow-up visit for bilateral knees. A physical exam was not documented. A steroid and Lidocaine injection was performed. On 10/20/2014, the injured worker was again seen for follow-up and no complaints were described. Physical exam noted stable knees, varus alignment, and small effusions. Strength was 5/5. A recommendation was noted for continue to watch and follow-up as needed. On 12/12/2014, Utilization Review non-certified a retrospective request for injections for date of service 10/20/2014, citing the MTUS Guidelines, a retrospective request for Methylprednisolone 40mg injection for date of service 6/16/2014, citing ACOEM and Official Disability Guidelines, and a retrospective request for bilateral knee Depo-Medrol injections for date of service 4/07/2014, citing ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 10/20/14) Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online guidelines, criteria for intra articular glucocorticosteroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Knee & Leg Chapter

Decision rationale: Treating physician has documented a history of short-lived response to knee corticosteroid injections. IW has completed an unknown number of previous injections for knee osteoarthritis. MTUS/ACOEM Guidelines 2004 edition states: "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." MTUS/ACOEM Guidelines 2004 edition Table 13-6 Summary of Recommendations and Evidence considers "repeated aspirations or cortisone injections" to be an optional treatment. ODG recommends knee corticosteroid injections in treatment of knee osteoarthritis for short-term use only, and recommends a maximum of 3 injections. ODG states: "A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response." Insufficient symptomatic or functional response was documented concerning knee corticosteroid injections performed April 2014 to support the medical necessity of additional corticosteroid injections to the knee, including injection performed 10/20/14.

Retrospective (DOS 6/16/14), methylprednisolone 40mg injection (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online guidelines, criteria for intra articular glucocorticosteroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Knee & Leg Chapter

Decision rationale: Treating physician has documented a history of short-lived response to knee corticosteroid injections. IW has completed an unknown number of previous injections for knee osteoarthritis. MTUS/ACOEM Guidelines 2004 edition states: "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." MTUS/ACOEM Guidelines 2004 edition Table 13-6 Summary of Recommendations and Evidence considers "repeated aspirations or cortisone injections" to be an optional treatment. ODG recommends knee corticosteroid injections in treatment of knee osteoarthritis for short-term use only, and recommends a maximum of 3 injections. ODG states: "A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response." Insufficient symptomatic or functional response was documented concerning knee corticosteroid injections performed April 2014 to support the medical necessity of additional corticosteroid injections to the knee, including injection performed 06/16/14.

Retrospective (DOS 4/714), Bilateral Knee Depo-Medrol Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online guidelines, criteria for intra articular glucocorticosteroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Knee & Leg Chapter

Decision rationale: Treating physician has documented a history of short-lived response to knee corticosteroid injections. IW has completed an unknown number of previous injections for knee osteoarthritis. MTUS/ACOEM Guidelines 2004 edition states: "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." MTUS/ACOEM Guidelines 2004 edition Table 13-6 Summary of Recommendations and Evidence considers "repeated aspirations or cortisone injections" to be an optional treatment. ODG recommends knee corticosteroid injections in treatment of knee osteoarthritis for short-term use only, and recommends a maximum of 3 injections. ODG states: "A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response." Based upon documented flare of symptoms and history of response to previous corticosteroid injections, injections performed 04/07/14 were reasonable and were consistent with evidence-based recommendations.