

<b>Case Number:</b>	CM15-0100448		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 02/06/2003. He reported injuries to the neck, left arm, back and left lower extremity. Treatment to date has included MRI of the low back, electrodiagnostic testing of the low back and left lower extremity, spine surgeries, physical therapy, cortisone injections to the knee, lumbar epidural steroid injection and medications. According to a progress report dated 04/01/2015, the injured worker presented with complaints of pain in the bilateral knees. He had recently completed a series of Orthovisc injections for the right knee on 01/21/2015 which provided 50% relief. These were starting to wear off. He had bilateral ultrasound guided injections at his last visit with about 50% relief. He continued to await authorization for left knee surgery. The right knee was much worse than the left knee. Right knee pain was rated 8 on a scale of 1-10. Left knee pain was rated 8-9 on a scale of 1-10. He continued to stumble and fall frequently. His left thumb continued to feel jammed. He had difficulty when the terrain transitioned from tile to carpeting. The injured worker reported that the right knee would come out of joint and he had to use his hands to put it back. The pain was beginning to affect his right foot as well and the pain in his foot was becoming intolerable. He walked with a cane for ambulatory assistance. The right foot felt like someone dropped a bowling ball on it and the left foot was completely numb. Activity was severely limited by pain. A corticosteroid injection to the right knee on 12/06/2013 provided remarkable results with 80 percent relief for two weeks. A corticosteroid injection to the left knee on 01/23/2014 provided 60-80 percent relief for about two months. A cortisone injection to the right knee on 05/05/2014 continued to provide 60-80 percent relief. Orthovisc injections to

the left knee completed in 2013 provided 40-60 percent relief lasting 3 months. Diagnoses included right knee tibial plateau fracture status post open reduction internal fixation, right knee osteomyelitis, right knee osteoarthritis severe, left knee medial meniscus tear and left knee chondromalacia. The treatment plan included medicine consult, pre-op studies, post-operative medications, bilateral corticosteroid injection with ultrasound guidance, ice therapy, physical therapy and left knee arthroscopy with medial meniscectomy. Currently under review is the request for a bilateral corticosteroid injection with ultrasound guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral corticosteroid injection with ultrasound guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Corticosteroid injection.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral corticosteroid injections with ultrasound guidance are not medically necessary. Corticosteroid injections are recommended for short-term use only. Criteria include documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least five of the following: bony enlargement, only tenderness, crepitus, elevated ESR, less than 30 minutes morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 and clear synovial fluid. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to ask for a fluid; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are right knee tibial plateau fracture; right knee osteomyelitis; right knee osteoarthritis severe; left knee medial meniscus tear; and left knee chondromalacia. The documentation shows the injured worker received multiple corticosteroid injections to the knees with reported 60 to 80% pain relief for 1 to 2 months. The provider is requesting bilateral corticosteroid injections under ultrasound guidance. Ultrasound guidance is not medically necessary for the injection of corticosteroids. There was no compelling clinical rationale for ultrasound guidance (see the guidelines). Consequently, absent compelling clinical documentation pursuant to the Official Disability Guidelines for ultrasound guidance for administration of corticosteroids to the bilateral knees, bilateral corticosteroid injections with ultrasound guidance is not medically necessary.