

<b>Case Number:</b>	CM15-0140969		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on 5-13-2010, due to repetitive heavy lifting, pulling, pushing, bending, standing, walking, kneeling, and above the shoulder level activities. The injured worker was diagnosed as having status post right knee scope x2, cervical spine symptoms with radiculopathy, right and left shoulder symptoms, right and left elbow symptoms, right and left wrist symptoms, right and left hand symptoms, lumbar spine symptoms with radiculopathy, left knee symptoms, and neurogenic bladder. Treatment to date has included diagnostics, right knee arthroscopic surgery x2, and medications. Currently (per the Doctor's First Report of Occupational Injury or Illness), the injured worker complains of symptoms in her cervical and lumbar spines, shoulders, and knees. A physical exam was not submitted. The treatment plan included ultrasound guided steroid injection to the right and left knee. Work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Ultrasound Guided Steroid Injection to the right and left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and 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 (Acute & Chronic), Criteria for Intraarticular Glucocorticoid injections.

**Decision rationale:** The requested Outpatient Ultrasound Guided Steroid Injection to the right and left knee, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg (Acute & Chronic), Criteria for Intraarticular Glucocorticoid injections note criteria as follows: 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/mm<sup>3</sup>) 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 TK. Generally performed without fluoroscopic or ultrasound guidance. The injured worker has complains of symptoms in her cervical and lumbar spines, shoulders, and knees. A physical exam was not submitted. The treating physician has not documented the presence of the afore- mentioned criteria. The criteria noted above not having been met, Outpatient Ultrasound Guided Steroid Injection to the right and left knee is not medically necessary.