

Case Number:	CM15-0160102		
Date Assigned:	08/26/2015	Date of Injury:	11/14/2014
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This 60 year old female sustained an industrial injury to the low back and right knee on 11-14-14. Previous treatment included physical therapy, aqua therapy, injections, back brace and medications. Magnetic resonance imaging right knee (1-8-15) showed tri-compartmental degenerative osteoarthritis, full thickness articular cartilage loss and a sprain of the anterior cruciate ligament. Magnetic resonance imaging lumbar spine (1-28-15) showed mild levoscoliosis, multilevel degenerative changes with disc protrusion abutting the L3 nerve root and posterior annular tears. In a physiatry consultation dated 6-25-15, the injured worker complained of low back and right knee pain rated 7 out of 10 on the visual analog scale. The injured worker reported that physical therapy and two previous right knee injections completed without ultrasound guidance did not help. Physical exam was remarkable for right knee with tenderness to palpation at the right medial joint line. Past medical history was significant for osteoarthritis. Current diagnoses included lumbar spine degenerative disc disease, low back pain, left L4-5 and L5-S1 facet arthropathy and osteoarthritis of the knee. The physician noted that performing injections under ultrasound guidance was more accurate than the blind injections that had not worked. The treatment plan included requesting authorization for left L3-5 medial branch and dorsal rami blocks and a right knee intra-articular injection with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee intra-articular injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 48, 339, and 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter (Online Version).

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 Intra-articular Glucocorticoid injections.

Decision rationale: The requested Right knee intra-articular injection with ultrasound guidance, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg (Acute & Chronic), Criteria for Intra-articular 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/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." The injured worker has tri-compartmental degenerative osteoarthritis, full thickness articular cartilage loss and a sprain of the anterior cruciate ligament. In a physiatry consultation dated 6-25-15, the injured worker complained of low back and right knee pain rated 7 out of 10 on the visual analog scale. The injured worker reported that physical therapy and two previous right knee injections completed without ultrasound guidance did not help. Physical exam was remarkable for right knee with tenderness to palpation at the right medial joint line. Past medical history was significant for osteoarthritis. The physician noted that performing injections under ultrasound guidance was more accurate than the blind injections that had not worked. However, there is insufficient documentation of even partial symptomatic or functional improvement from previous injections. The criteria noted above not having been met, Right knee intra-articular injection with ultrasound guidance is not medically necessary.