

<b>Case Number:</b>	CM15-0166469		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55-year-old female with an industrial injury dated 11-07-2014. The mechanism of injury is documented as a fall at work injuring her left shoulder and lower back at the time. She also complained of bilateral knee pain. Her diagnoses included lumbar spine sprain-strain with radiculitis-radiculopathy right greater than left secondary to herniated lumbar disc, right knee sprain-strain internal derangement and left knee sprain-strain. Prior treatment included physical therapy, acupuncture and medications. She presents on 06-06-2014 with pain in lower back with radicular symptoms into the right leg with sharp pain with weakness and numbness. She complained of pain in her right knee, which was getting worse with weight bearing activities such as standing, walking, bending and kneeling. She states the medications help decrease pain intensity from 7 out of 10 to 2-10 and allows her to continue activities of daily living and work with less pain and stiffness. Objective findings noted tightness and spasm in the lumbar paraspinal musculature bilaterally. Right knee exam noted tenderness of medial and lateral joint line. There was positive chondromalacia patella compression test and positive McMurry's click on right. The provider documents "since all conservative methods, physical therapy, acupuncture etc. has been exhausted with temporary relief ultrasound guided cortisone injection for the right shoulder and right knee is requested. The treatment request is for Ultrasound guided cortisone injection of the right knee, quantity: 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided cortisone injection of the right knee, quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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, Corticosteroid injections.

**Decision rationale:** Per the ODG guidelines with regard to corticosteroid injections: Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. Criteria for Intraarticular 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/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 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; A 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. Per the medical records, the injured worker complained of pain in her right knee, which was getting worse with weight bearing activities such as standing, walking, bending, and kneeling. However, per the guidelines, conventional anatomical guidance is generally adequate for knee injections. The requested ultrasound guidance is not indicated. The request is not medically necessary.