

Case Number:	CM15-0169520		
Date Assigned:	09/10/2015	Date of Injury:	01/03/2011
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on January 3, 2011. The injured worker was diagnosed as having left knee degenerative joint disease with possible meniscal tear and status post left knee arthroscopy on January 28, 2015. Currently, the injured worker complains of continued left knee pain following failed physical therapy and cortisone injection. On physical examination, the injured worker has continued swelling of the left knee and crepitus. The submitted documentation did not include results from imaging of the left knee. Treatment to date has included physical therapy, home exercise program, left knee arthroscopy, cortisone injection to the left knee, and work restrictions. A request was received on August 3, 2015 for ultrasound-guided cortisone injection for the left knee and orthovisc injections x 4 for the left knee. The Utilization Review physician determined that ultrasound-guided cortisone injection for the left knee and orthovisc injections x 4 for the left knee were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection for the left knee for DOS 7/20/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the July 20, 2015 physician progress note, this worker failed cortisone injection of the left knee. The worker is reported to have DJD of the left knee with crepitus and swelling. The 5/7/15 note reports an ultrasound guided aspiration and dexamethasone injection of the left knee. According to the ODG, glucocorticoid knee injections are generally performed without fluoroscopic or ultrasound guidance. A rationale for ultrasound guidance in this case has not been provided. According to the ODG, a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. The record does not provide indication of a clear benefit to the first injection. According to the 6/15/15 progress note, injection and aspiration helped to decrease pain for 3 weeks but the 7/20/15 progress note reports that cortisone injection failed. The criteria for corticosteroid injection include failure of conservative treatment including physical therapy, acetaminophen, NSAIDs. In this case, there is no documentation of a trial of acetaminophen or an NSAID. In summary, this request cannot be considered medically necessary as there is no rationale for ultrasound guidance which is generally not necessary for corticosteroid injections of the knee, it is not clear that a previous injection resulted in a significant positive response lasting for several weeks as required by the ODG criteria, or that there has been a trial of acetaminophen or an NSAID.

Orthovisc injections x 4 for the left knee: 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 & Leg, Hyaluronic acid injections.

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

Decision rationale: According to the ODG, the criteria for hyaluronic acid injections includes a month other things, that patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies after at least 3 months. In this case this worker has had a trial of physical therapy but the record does not include a trial of pharmacologic therapy such as acetaminophen or an NSAID.