

<b>Case Number:</b>	CM15-0169644		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 56 year old female who sustained an injury on 4-12-14. The examination from 3-25-15 indicates she had right knee pain and had completed 18 out of the 24 sessions of physical therapy at this time. She continues to improve but rates her pain as 8 out 10; has a sitting and standing tolerance and 10 minutes walking tolerance. Prescriptions include Norco 5- 325 mg three times a day as needed alternating with Norco 1-325 mg three to four times a day as needed. She also takes Motrin 800 mg twice a day as needed. Physical examination indicates she walks with a slow gait, full strength in lower extremities; swelling and tenderness in the right knee with near full extension. She was to continue her current medication regimen; remain temporarily totally disabled; continue ice, heat and home exercise program. She continues to have significant pain requiring opiates for her right knee arthroplasty. A review of medical records 3-25-15 and 4-22-15 indicate continued knee pain. 8-5-15 examination indicates she has bilateral knee pain with increasing pain the left knee. She takes Norco 5-325 mg three times a day as needed, ambulates with a cane, participates in physical therapy who recommended that she see an orthopedist for both knees. 8-3-15 left knee MRI reveals advanced patellofemoral compartment osteoarthritis, mild lateral subluxation of the patella; large horizontal and longitudinal tears of the later meniscus and advance lateral compartment osteoarthritis with no acute ligament tear. The physical examination indicates she walks with a slow antalgic gait, utilizes a cane, flexion of the right knee is limited 100 degrees. Diagnoses are status post right total knee arthroplasty 12-29-14 with residuals; chronic left rib strain; left knee advance patellofemoral and lateral compartment arthritis with a large lateral meniscal tear. The plan included a request for left knee steroid inject with injection kit NDC.

She has severe osteoarthritis and this would prevent the need for surgery. She was to continue with home exercise program and modified work duty; consider chiropractic care; continue current medications and urine toxicology was performed. Current requested treatments left knee steroid injection with NDC kit quantity 1. Utilization review 9-18-15 requested treatment was denied.

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

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

#### **Left knee steroid injection with NDC kit qty 1.00: 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, Corticosteroid 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 & 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. The documentation submitted for review indicates that the injured worker does suffer from left knee osteoarthritis. Steroid injection is indicated, however, there is no rationale provided as to why NDC kit is necessary. As such, medical necessity cannot be affirmed and therefore is not medically necessary.