

Case Number:	CM15-0180004		
Date Assigned:	09/21/2015	Date of Injury:	06/05/2012
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 industrial injury on 06-05-2012. She has reported injury to the right knee and left wrist. The injured worker has been treated for arthritis, knee; osteoarthritis, knee; prosthetic joint implant failure; cervical strain; wrist-hand sprain; carpal tunnel syndrome; ankle-foot sprain; knee internal derangement; post right total knee arthroscopy; and post-traumatic osteoarthritis left knee. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, injections, and surgical intervention. Surgical intervention has included right total knee arthroplasty. A progress report from the treating provider, dated 08-12-2015, documented an evaluation with the injured worker. The injured worker reported continued left knee pain symptoms worse; right knee symptoms are worse; treatment is being denied; she has been seen by psychiatry; she has to go to the emergency room to obtain medication; persistent bilateral hand pain secondary to carpometacarpal arthritis; cortisone injection was somewhat helpful temporarily; and cortisone injections for her hands have been helpful. Objective findings included MRI of right knee with osteoarthritis present; left knee degenerative changes; continued pain in both hands, with decreased grip; right knee range of motion decreased with pain, with tenderness and swelling of the right knee; range of motion is decreased and painful in the left knee; tenderness and swelling of the left knee; quadriceps strength is 5+; and hands and knees have no significant clinical change. The treatment plan has included the request for right knee cortisone injection under ultrasound and fluoroscopy. The original utilization review, dated 09-02-2015, non-certified a request for right knee cortisone injection under ultrasound and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection under ultrasound & fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & 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 Intra-articular 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/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; 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 medical records do include MRI findings of right knee osteoarthritis. The anatomy is not normal due to pathology and history of surgery, so guidance is indicated. The UR physician provided no rationale for denial. The request is medically necessary.