MAXIMUS Federal Services

Case Number:	CM15-0180892		
Date Assigned:	10/08/2015	Date of Injury:	10/18/2012
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 10-18-12. The injured worker has complaints of left knee pain with a pain level of 9 to 10 out of 10. There is limited range of motion. Tenderness to palpation over the medial joint line as well as over the undersurface of the patella. Patellar pressure produced knee discomfort and passive extensions of the knee produced no complaints of pain. The diagnoses have included left knee internal derangement; limited range of motion of the left knee and left knee inflammation. Treatment to date has included right intraarticular injection with improvement; celexa; ativan; sonata; wellbutrin; omeprazole; physical therapy; home exercise program and acupuncture. The original utilization review (9-3-15) denied the request for left knee intra-articular injection under fluoroscopic guidance. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee intra-articular injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for intra articular glucocorticosteroid injection.

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) Chapter, under Corticosteroid injections, Knee Chapter under Criteria for Intra articular gluco corticosteroid injections.

Decision rationale: The 55 year old patient presents with improving right knee pain and left knee pain, rated at 9/10, as per progress report dated 06/08/15. The request is for left knee intra-articular injection under fluoroscopic guidance. There is no RFA for this case, and the patient's date of injury is 10/18/12. The patient is status post right knee intra-articular injection with 50% improvement in pain, as per progress report dated 06/08/15. Diagnoses included left knee internal derangement, limited range of motion of left knee, left knee inflammation, and chronic pain. Diagnoses, as per progress report dated 07/22/15, included cervical sprain/strain with multilevel disc bulge, lumbar sprain/strain with multilevel disc bulge, bilateral ankle sprain/strain with instability, bilateral plantar fasciitis, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, right knee osteoarthritis and residual pain, left knee osteoarthritis and residual post- surgical pain, antalgic gait, GI issues, hypertension, SAD, and sleep issues. The patient is status post bilateral knee arthroscopic surgeries. Diagnoses, as per psychiatry report dated 07/22/15, included single episode moderately severe major depression, and pain disorder with agoraphobia. The patient is on modified duty, as per progress report dated 07/22/15.ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "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. Criteria for Intra articular gluco corticosteroid injections: Documented symptomatic severe osteoarthritis of the knee- 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... 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." ODG- TWC, Knee Chapter under Criteria for Intra articular gluco corticosteroid injections states these injections are "Generally performed without fluoroscopic or ultrasound guidance" In this case, several progress reports are handwritten and difficult to decipher. While none of the recent reports document prior injection to the left knee or its efficacy, report dated 10/27/11 reviewed in AME report dated 11/20/14, indicates that the provider requested for a steroid injection to the left knee. In a subsequent report dated 12/06/11 reviewed in the same AME report, the provider states the injection "helped" but does not provide any other details. The current request for intra- articular injection under fluoroscopic guidance is noted in progress report dated 06/08/15. The patient complains of left knee pain, rated at 9/10. Physical examination of the left knee revealed tenderness to palpation over medial joint line, under surface of patella, and pes aserinus region along with discomfort on extreme range of motion. The patient has failed conservative care including physical therapy and acupuncture. In progress report dated 03/30/15, the provider states pain management injections can "decrease her pain and increase her activities of daily living." Given the symptoms and the diagnoses, the patient may benefit from an intra-articular injection. ODG, nonetheless, does not support fluoroscopic guidance and states these injections are "generally performed without fluoroscopic or ultrasound guidance" Hence, the request for left knee injection under fluoroscopic guidance is not medically necessary.