

<b>Case Number:</b>	CM15-0183121		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old female, who sustained an industrial injury on 12-22-14. Current diagnoses or physician impression includes medial meniscus tear, knee pain, knee strain and arthritis of the knee. Her work status is temporary total disability. A report dated 9-16-15 reveals the injured worker presented with complaints left knee pain and swelling. In a note dated 9-4-15, she rates her pain at 5-8 out of 10. In a note dated 8-10-15, she reports constant left knee pain is described as aching and spasms and is rated at 8 out of 10. A physical examination dated 9-16-15 revealed an altered gait when the injured worker rises from a seated position, left knee soft tissue swelling, a small effusion (graded at 1+), flexion is 100 degrees and extension is 175 degrees. An examination dated 8-31-15 revealed left knee pain and soft tissue swelling 1+ effusion, flexion 90 degrees and extension is 170 degrees. Treatment to date has included surgical intervention (left knee arthroscopy with medial and lateral meniscal resection), cane, home exercise program, chiropractic care and medication. A physical therapy note dated 9-10-15 states there is stiffness with constant pain noted. Diagnostic studies to date have included x-rays. A request for authorization dated 9-10-15 for follow up office visit to provide cortisone injection under ultrasound guidance to the left knee is denied due to lack of documentation supporting a diagnosis of severe osteoarthritis of the knee, per Utilization Review letter dated 9-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up office visit to provide cortisone injection under ultrasound guidance to left knee:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Intra articular gluco 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 (Acute & Chronic), Corticosteroid injections.

**Decision rationale:** The claimant sustained a work injury in September 2014 and underwent left knee arthroscopic surgery with meniscectomy and chondroplasty on 07/31/15. Post-operative physical therapy started on 08/25/15 and there were four treatments completed when seen by the requesting provider on 08/31/15. She was having knee pain. She was ambulating with a cane. Physical examination findings included a slight limp and there was a 1+ effusion. There was decreased range of motion and strength. An ultrasound guided cortisone injection was requested. A diagnosis of medial compartment osteoarthritis is referenced. X-ray findings include a 2 mm medial cartilage interval with medial spurring. Criteria for an intra-articular knee injection include documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria and symptoms not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. In this case, the request was one month after surgery and after completion of 4 physical therapy treatments. There is no evidence of failure of conservative treatments. The requested intra- articular knee injection, ultrasound guidance, and follow-up visit for the injection are not medically necessary.