

<b>Case Number:</b>	CM15-0185235		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/12/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 39 year old male, who sustained an industrial injury on 3-12-2011. The medical records indicate that the injured worker is undergoing treatment for internal derangement of the knee. According to the progress report dated 8-28-2015, the injured worker presented with complaints of right knee pain. On a subjective pain scale, he rates his pain 7 out of 10. The PR-2 from 7-31-2015, his pain was rated 6 out of 10. The physical examination (8-28-2015) reveals tenderness to the right knee. No other positive findings were noted. The current medications are not specified. Previous diagnostic studies include MRI of the right knee. MRI from 8-15-2015 shows a longitudinal tear through the body-posterior horn of the medial meniscus. Treatments to date were not indicated. Work status is described as permanent and stationary. The original utilization review (9-4-2015) had non-certified a request for right knee intra-articular cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee intraarticular cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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.

**Decision rationale:** The patient presents on 08/28/15 with lower back pain, right knee and ankle pain, and left leg and knee pain. The patient's date of injury is 03/12/11. Patient has no documented surgical history directed at these complaints. The request is for Right Knee Intra-Articular Cortisone Injection. The RFA is dated 08/28/15. Physical examination dated 08/28/15 reveals tenderness to palpation of the right knee along the medial joint line and bursa. The patient is currently prescribed Rabeprazole. Patient's current work status is not provided. 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 Intraarticular glucocorticosteroid 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. In regard to the request for a right-knee cortisone injection, the patient does not meet guideline criteria. ODG supports such injections for patients presenting with severe osteoarthritis of the knee, poorly controlled via conservative measures such as NSAIDS, exercise, etc. Per MRI of the right knee dated 08/15/15, the impression is: "There is a longitudinal tear through the body/posterior horn of the medial meniscus." This diagnostic imaging does not provide any indication or suspicion of an osteoarthritic condition amenable to cortisone injections. Furthermore, there is no indication in the records provided as to the failure of NSAIDS, physical therapy, or other conservative measures. Without evidence of osteoarthritis (for which cortisone injections are considered an option) or the failure of conservative treatment modalities, the request cannot be substantiated. Therefore, the request is not medically necessary.