

<b>Case Number:</b>	CM15-0187759		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/07/1993
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii  
 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 67 year old male, who sustained an industrial injury on 4-07-1993. The injured worker was diagnosed as having acute and recurrent left iliotibial band syndrome, left retinacular synovitis, refractory knee pain, and progressive degenerative joint disease of the left knee. Treatment to date has included diagnostics, multiple left knee surgeries (most recent 2-26-2015), physical therapy, icing, and medications. Currently (8-12-2015), the injured worker complains of "increased" pain in his left knee, low back, upper back and neck, and bilateral shoulders. Physical exam of the left knee showed "moderate 50-60cc effusion" and "moderate" soft tissue swelling over the lateral parapatellar area, infrapatellar area, and distal iliotibial band area, with associated moderate point tenderness in each of those areas. Active range of motion was -5 degrees full extension with flexion to 118 degrees, with pain at the limits, localized to the lateral parapatellar area, the proximal area of the lateral retinacular release, and the distal iliotibial band. There was palpable thickening at the proximal end of the prior release, "suggesting scar buildup in this area". The ligamentous exam was "unchanged" and "MMT was graded 3+ to 4- of five (a decrease in strength)". Flexibility of the major muscle groups was decreased with the gluteals tight at 35 degrees, iliotibial band at 85 degrees, iliopsoas at 50 degrees, hamstrings at 35 degrees, quadriceps at 50-55 degrees, calf at -3 of 0, and moderate tightness of plantar fascia. Neurological exam of the lower extremities revealed decreased sensation in the L5 and S1 dermatomes, left greater than right. He was unable to stand on his toes or heels. The left hip extensors and hip abductors were graded 3+ of 5 (worsening) and straight leg raise tests were positive. FABER was "moderately positive" on the left. Knee jerks

were 1+ and ankle jerks were absent bilaterally. His level of pain was documented as interfering with his functional activities and recent laboratory studies showed "no evidence of rheumatoid disease, infection or other contraindicated diagnoses". The treatment plan included steroid injections to the left distal iliotibial band (noting exquisite reproducible point tenderness for at least 3 months), the proximal end of the previous lateral retinacular release (thickened area of scar tissue that was exquisitely tender), and to the left knee joint (building up of adhesions within the joint and developing arthrofibrosis of the left knee). On 9-01-2015 Utilization Review non- certified the requested left steroid injections.

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

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

**Left steroid injections - distal iliotibial band, lateral retinacular and knee joint: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee/Leg Chapter Corticosteroid injections.

**Decision rationale:** The patient presents with pain affecting the left knee. The current request is for Left steroid injections- distal iliotibial band, lateral retinacular and knee joint. The treating physician states in the report dated 7/30/15, the patient is complaining of increased difficulty standing, sitting, walking, and lying or trying to stay for any significant period of time in one position. He is having increased difficulties with basic activities of daily living. (8B) The ODG guidelines recommend Corticosteroid injections for patients who have severe osteoarthritis of the knee. In this case, the treating physician has documented that the patient has symptoms of osteoarthritis. Additionally, patient is over 50 years of age, there is documented tenderness, stiffness, pain is interfering with living activities, and this is the first injection. The PTP is also requesting injections into the iliotibial band that does not find support in the MTUS or ODG under either tendinitis or bursitis. There may be support under trigger point but there is no documentation of trigger points palpated. Support for the lateral retinacular injection is not found in the ODG or CA MTUS. While the current request for the knee injection is medically necessary, the request for the steroid injection into the iliotibial band and lateral retinaculum are not medically necessary. Because all injections were made under one request, the request is not medically necessary.