MAXIMUS Federal Services

Case Number:	CM15-0189147		
Date Assigned:	10/01/2015	Date of Injury:	01/15/2010
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/25/2015

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 56 year old female who sustained an industrial injury on 1-15-10. A review of the medical records indicates she is undergoing treatment for right knee medial meniscus tear secondary to antalgic gait, bilateral knee pain, status post left knee arthroplasty, and bilateral hip greater troachanteric bursitis. Medical records (5-2-15 to 8-28-15) indicate ongoing complaints of bilateral knee pain, bilateral hip pain, low back pain, sleep disturbance, and gastrointestinal upset. The physical exam (8-28-15) reveals right knee range of motion from 0-135 degrees "with a positive bounce home test, medial joint line pain, positive Apley's compression distraction test". Left knee range of motion is from 0-110 degrees. Pain is noted with "bounce home test even though she does not have a meniscus". Pain is noted in the soft tissues over the bursa and during flexion past 90 degrees. The hips, bilaterally, are noted to have pain with direct palpation at the greater trochanteric bursa. Faber test is negative. Range of motion hip abduction is 45 degrees bilaterally. Flexion is 135 degrees bilaterally. Motor strength is "5 out of 5" bilaterally. Negative Thomas test and Trendelenburg test are noted. Effects of her symptoms on activities of daily living are not indicated in the review records. Diagnostic studies have included an MRI of the right knee on 8-7-15. Treatment has included a left total knee arthroplasty on 8-6-10, physical therapy, and medications. She is currently working with modified duties. The treatment plan includes an injection of Lidocaine, Marcaine, and Kenalog into the right knee under ultrasound guidance; "similarly with bilateral hip injections in the greater trochanteric bursas". The utilization review (9-22-15) indicates denial of the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection, with Triamcinolone Acetonide and Lidocaine HCL under ultrasound guidance, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg; Cortisone 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) Chapter, under Corticosteroid injections.

Decision rationale: The current request is for a Cortisone injection, with triamcinolone acetonide and lidocaine HCL under ultrasound guidance, right knee. The RFA is dated 09/08/15. Treatment has included a left total knee arthroplasty on 08/06/10, physical therapy, acupuncture, HEP, trigger point injections and medications. The patient is working with modified duties. 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 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. Per report 08/28/15, the patient presents with bilateral knee pain, bilateral hip pain, low back pain, sleep disturbance, and gastrointestinal upset. Examination of the right knee revealed knee range of motion from 0-135 degrees "with a positive bounce home test, medial joint line pain, positive Apley's compression distraction test." The treater references an MRI of the right knee, and states that the results showed a medial meniscus tear and chondromalacia patella at the lateral facet. X-rays of the right knee form 07/09/15 was documented as normal. The treater recommended a right knee injection. In this case, the results of the diagnostic imaging do not indicate 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 supported. Therefore, the request is not medically necessary.

Cortisone injection, bilateral trochanteric regions with Triametnolone Acetonide and Lidocaine HCL (Qty: 2): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis; Trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter under Intra-articular steroid hip injection (IASHI).

Decision rationale: The RFA is dated 09/08/15. Treatment has included a left total knee arthroplasty on 08/06/10, physical therapy, acupuncture, HEP, trigger point injections and medications. The patient is working with modified duties.ODG guidelines, Hip and Pelvis Chapter under Intra-articular steroid hip injection (IASHI) Section states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Intra articular glucocorticoid injections with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis." Under the topic "Sacroiliac Joint Blocks", ODG also states that "Responsiveness to prior interventions with improvement in physical and functional status to proceed with repeat blocks or other interventions." Per report 08/28/15, the patient presents with bilateral knee pain, bilateral hip pain, low back pain, sleep disturbance, and gastrointestinal upset. Examination of the bilateral hip revealed pain in the greater trochanteric bursa, and decreased range of motion. The patient has a diagnosis of hip greater trochanteric bursitis. The treater recommended bilateral hip injections as [redacted] in this QME report recommended Future Medical Care including knee and hip injections. There is no indication of prior hip injections. ODG does consider cortisone injections as an option for short-term pain relief for patients suffering from hip trochanteric bursitis. Given the patient's continued pain and diagnosis of greater trochanteric bursitis, a trial injection at this juncture is supported by ODG. This request is medically necessary.