

Case Number:	CM15-0190862		
Date Assigned:	10/05/2015	Date of Injury:	06/12/2015
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old female who sustained an industrial injury on 6-12-15. The injured worker is being treated for sprain-strain of right shoulder, strain-contusion of right knee superimposed upon mild arthritis and sprain of the right ankle. Comorbid conditions include obesity (BMI 36.3). Treatment to date has included oral medications, chiropractic treatment, 5 physical therapy sessions and activity modifications. Shoulder, knee and ankle x-rays on 7-27-2015 showed mild arthritic changes in both shoulders (acromioclavicular joints) and the medial aspect of the right knee. On 7-28-15, it is noted her condition was 40% improved. On 8-12-15, the injured worker complained of severe limited range of motion of right shoulder, associated with tingling and numbness down the arm with severe limited range of motion; and severe right knee pain rated 7/10 and the knee was swollen. On 8-18-15, the injured worker complained of continued severe pain in right shoulder, pain right knee with walking and bending, pain in right ankle and foot with walking and noted symptoms were relieved with pain medications; she also noted pain interfered with most activities of daily living and with sleep. Work status was noted to be modified duties. Physical exam performed on 8-12-15 and 8-18-15 revealed pain to palpation of the right shoulder over the bicipital groove, subacromial bursa and right acromioclavicular joint with full range of motion and negative impingement test; bilateral knee exam revealed tenderness to right knee medially and positive Patellar compression and McMurray's tests; right ankle exam noted tenderness to palpation over the lateral aspect. On 8-12-15, the treatment plan included request for right shoulder intraarticular injection under fluoroscopic guidance and right knee intraarticular injection under fluoroscopic

guidance. On 8-28-15 request for right shoulder intraarticular injection under fluoroscopic guidance and right knee intraarticular injection under fluoroscopic guidance was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee intraarticular injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Corticosteroid injections.

Decision rationale: In patients with osteoarthritis of the knee, intra-articular steroid injections are effective in reducing pain and increasing function. The MTUS does not recommend routine steroid injections of the knee. The Official Disability Guidelines (ODG), however, does recommend steroid knee injections as they have been shown to clinically and statistically reduce osteoarthritic knee pain 1 week after injection, with the beneficial effect lasting up to 3-4 weeks. It further recommends these injections be limited to three such injections. However, it notes that these injections have traditionally been guided by anatomical landmarks not by imaging guidance. Using landmark guidance is still the technique of choice. Considering the injuries for this patient, she would benefit from intra-articular knee steroid injections. However, the medical records provide no special reason for the injections to be done under fluoroscopic guidance. Medical necessity for use of fluoroscopic guided intra-articular injection of the knee has not been established. Therefore, the request is not medically necessary.

Right shoulder intraarticular injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic): Steroid injections.

Decision rationale: In patients with osteoarthritis of the shoulder, intra-articular steroid injections are effective in reducing pain and increasing function. The MTUS recommends steroid injections of the shoulder but does not comment on the use of imaging guidance for these injections. It recommends no more than three such injections. The Official Disability Guidelines (ODG) also recommends steroid injections of the shoulder, limited to three such injections. However, it notes that these injections have traditionally been guided by anatomical landmarks not guided by fluoroscopic imaging. Using landmark guidance is still the technique of choice

even though there is some evidence that the use of imaging guidance improves accuracy. This is because there is no current evidence that imaging guidance improves patient-relevant outcomes. Considering this patient's injuries, she would benefit from intra-articular steroid injections. However, the medical records provide no special reason for the injections to be done under fluoroscopic guidance. Medical necessity for use of fluoroscopic guided shoulder intra-articular injection has not been established. Therefore, the request is not medically necessary.