

<b>Case Number:</b>	CM15-0193418		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/10/1999
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 47 year old male who sustained an industrial injury on 08-10-1999. A review of the medical records indicates he is undergoing treatment for tear of the medial and lateral cartilage or meniscus of the right knee, osteoarthritis of the lower leg, and degenerative arthritis of the right knee. He is status post arthroscopic right knee surgery on 8-16-12. Medical records (5-20-15, 7-29-15) indicate ongoing complaints of right knee pain. He states that it is "gradually getting worse" (7-29-15). The physical exam (7-29-15) reveals "moderate" right knee joint effusion. Full extension of the knee is noted. Flexion is noted to be 106 degrees. Tenderness is noted in the medial compartment joint line. The treating provider indicates "patellofemoral grind maneuver is associated with crepitation". The medical records indicate that a total knee arthroplasty was recommended, but denied authorization. He has received "multiple" cortisone injections in the past (5-20-15). Other treatment has included anti-inflammatory medications and analgesics. The injured worker is working without restrictions. A cortisone injection was administered during the 7-29-15 office visit. The utilization review (9-9-15) includes a request for authorization of injection to major joint administration Methylprednisolone Acetate. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection to major joint administration methylprednisolone acetate qty: 2: 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Corticosteroid injections.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for right knee pain. He has a history of arthroscopic knee surgery in August 2012 and has severe osteoarthritis. In May 2015, a cortisone injection was administered. When seen in July 2015 he had ongoing knee pain that was gradually getting worse. Authorization for knee replacement surgery had been denied. He was requesting a cortisone injection. He was continuing to work without restrictions. Physical examination findings included a body mass index over 30. There was a moderate right knee joint effusion. There was decreased knee flexion. He had medial joint line tenderness and crepitus with patellofemoral grind testing. A repeat cortisone injection was administered. Norco and Mobic were restarted. Authorization was requested for the injection performed in July 2015 and for a future injection. Criteria for an intra-articular knee injection include symptomatic severe osteoarthritis and symptoms not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. In this case, the claimant's response to the injection done in May 2015 is not adequately documented in terms of pain relief. He was requesting a repeat injection which supports efficacy from the injection that was performed. However, Norco and Mobic were restarted and a trial of medication use would be expected before considering a second injection. Additionally, this request includes a prospective request for a third injection which is not appropriate as the claimant's response to the injection that was performed would be needed prior to considering a repeat. For these reasons, the request IS NOT medically necessary.