

<b>Case Number:</b>	CM15-0202670		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/10/1995
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old female, who sustained an industrial-work injury on 7-10-95. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain, osteoarthritis and degenerative joint disease (DJD) of the knee. Treatment to date has included pain medication (failed Norco and Tylenol), physical therapy viscous supplementation injections, xylocaine and celestone 9-14-15 and other modalities. Magnetic Resonance Imaging (MRI) of the right knee dated 1-18-15 reveals further degeneration and tearing, and a superior articular surface tear of the anterior horn of the medial meniscus and unchanged grade 4 chondromalacia in the medial and lateral compartments of the knee. Medical records dated 9-14-15 indicate that the injured worker is starting to get some discomfort in the knee once again and it has been about 6 months since viscous supplementation therapy. The letter of medical necessity dated 9-22-15 indicates that the injured worker has had steroid injections with celestone and xylocaine without much relief. She is unable to walk more than a couple of blocks at a time. She states the pain is severe and all over the knee. Per the treating physician report dated 6-1-15 the work status is permanent and stationary. The physical exam dated 9-22-15 reveals medial and lateral compartment tenderness, grinding and crepitation is noted. The physician indicates that X-rays show arthritis with joint space narrowing and bone spur formation. The physician indicates that she is unable to take Nonsteroidal anti-inflammatory drugs due to Coumadin. The requested service included One (1) cortisone injection. The original Utilization review dated 9-26-15 non-certified the request for One (1) cortisone injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Corticosteroid injections.

**Decision rationale:** Regarding the request for One (1) cortisone injection, MTUS guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. ODG states that intra-articular corticosteroid injections are 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. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of: 1) severe osteoarthritis of the knee with knee pain; 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; 4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Guidelines go on to state that 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. Within the documentation available for review, the requesting physician documented that the patient had a knee injection with steroid without much relief, thus does not meet the temporary, partial resolution of symptoms needed for repeat injection. As such, the currently requested One (1) cortisone injection is not medically necessary.