

<b>Case Number:</b>	CM15-0204043		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/08/1999
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old female, who sustained an industrial injury on 10-8-1999. The injured worker was being treated for knee arthralgia, knee degenerative osteoarthritis, knee genu varum and varus deformity, and abnormality of gait. Medical records (6-10-2015) indicate ongoing left knee pain with swelling, popping, cracking, and grinding. Medical records (8-14-2015 and 9-9-2015) indicate ongoing with worsening of left knee pain. Per the treating physician (8-14-2015 report), the injured worker reported she had any injections of the left knee. The physical exam (8-14-2015) reveals an antalgic gait, tenderness of the lateral joint line and patellofemoral joint, range of motion of 10-95 degrees, and crepitus of the left knee. The physical exam (8-14-2015) reveals an antalgic gait and left knee crepitus of the patellofemoral and medial joints. The physical exam (9-9-2015) reveals an antalgic gait with cane, mild left knee edema, positive medial and lateral joint lines, a positive plantar flexion with compression, range of motion of 1-130 degrees with crepitus. Per the treating physician (8-14-2015 report), x-rays of the left knee revealed tricompartmental osteoarthritis and bone on bone changes. Surgeries to date have included left knee arthroscopy, partial medial meniscectomy, and partial lateral meniscectomy, and chondroplasty. Treatment has included ice, heat, and medications including oral pain, topical pain, and non-steroidal anti-inflammatory. On 9-9-2015, the requested treatments included a left knee intra-articular joint cortisone injection with ultrasound guidance. On 9-21-2015, the original utilization review non-certified a request for a left knee intra-articular joint cortisone injection with ultrasound guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Left Knee Intra-Articular Joint Cortisone Injection with Ultrasound guidance:** Upheld

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

**Decision rationale:** According to the CA MTUS/ ACOEM knee complaints guidelines, corticosteroid injections are recommended as an option for managing knee complaints. The ODG-TWC knee section states that 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. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. In this case the injured worker is being treated for knee osteoarthritis, so corticosteroid injection is an option. However, ultrasound guidance is not recommended in any of the guidelines. The knee joint is very large and easily accessible using anatomic landmarks without image guidance. There is no indication of morbid obesity which may make accurate injection placement more difficult. Because the request specifies an injection with ultrasound guidance the request is not medically necessary.