

<b>Case Number:</b>	CM15-0205220		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 21, 2011. In a Utilization Review report dated September 19, 2015, the claims administrator failed to approve a request for knee cortisone injection. The claims administrator referenced an RFA form received on September 16, 2015 in its determination. The claims administrator contended that the applicant had received prior injections. Non-MTUS ODG Guidelines were invoked explicitly in the determination. The claims administrator contended that the applicant did not have issues with knee arthritis. The applicant's attorney subsequently appealed. X-rays of the knee dated September 25, 2014 were notable for significant narrowing of the right knee medial compartment and marked narrowing of the right patellofemoral compartment. On July 27, 2015, the applicant reported ongoing complaints of knee pain, 6-7/10. The applicant was apparently not working. The applicant was on Norco for pain relief. The applicant was apparently unable to use NSAIDs owing to a history of ulcers. Knee swelling with -5 to 90 degrees of knee range of motion were noted. A cortisone injection was sought. An operative report of August 17, 2011 was notable for commentary to the effect that the applicant had grade 4 chondromalacia and multiple loose bodies of the knee. The attending provider stated that the applicant had significant degenerative arthritis of the medial compartment and the patellofemoral region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cortisone injection for the right knee: Overturned**

**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 (Acute & Chronic) - Corticosteroid injections.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Knee Disorders, pg. 704.

**Decision rationale:** Yes, the proposed knee cortisone injection was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 13, page 339 notes that invasive techniques such as the cortisone injection in question are "not routinely indicated." This recommendation is, however, outweighed by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Knee Disorders Chapter, which notes that intra-articular glucocorticosteroid injections are recommended for the short-term control of knee arthritis, such as in individuals in whom other strategies have proven unsuccessful. Here, the applicant did, contrary with the claims administrator's assertion, have issues with advanced bicompartamental knee arthritis which had proven recalcitrant to various operative and non-operative treatments, including time, medications, opioids, earlier knee arthroscopy, etc. Moving forward with the proposed knee cortisone injection was indicated, given the heightened knee symptomatology, swelling, and diminished range of motion reported on July 19, 2015. Therefore, the request is medically necessary.