

Case Number:	CM15-0208517		
Date Assigned:	10/27/2015	Date of Injury:	06/13/2014
Decision Date:	12/15/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 year old, male who sustained a work related injury on 6-13-14. A review of the medical records shows he is being treated for left knee pain. In the progress notes dated 7-1-15 and 9-23-15, the injured worker reports making improvement little by little. He is having pain in left knee. Pain in left knee is "excruciating" after working his shift. On physical exam dated 9-23-15, his gait continues to improve. Graft is stable. He is able to do a few squats up and down with difficulty but he is able to do them. Treatments have included right knee surgery, modified activity and physical therapy-unknown number of visits. MRI arthrogram of left knee dated 9-4-15 reveals "limited examination due to motion artifact and extensive metallic susceptibly artifact from prior surgery, Postsurgical changes status post anterior cruciate ligament (ACL) reconstruction. The graft appears intact. However, cystic changes evident within the tibial tunnel." Current medications include-not listed. He is working modified duty. The treatment plan includes modified activity and a request for an intra-articular left knee steroid injection. The Request for Authorization dated 9-23-15 has a request for intra-articular left knee injection. In the Utilization Review dated 10-8-15, the requested treatment of an intra-articular injection of steroid medication in left knee is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular injection of steroid medication, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Knee & Leg (Acute & Chronic) - Corticosteroid injections.

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, Corticosteroid injections.

Decision rationale: Per the ODG guidelines with regard to corticosteroid injections: 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. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³) Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance; Absence of synovitis, presence of effusion preferred (not required); Aspiration of effusions preferred (not required); Only one injection should be scheduled to start, rather than a series of three; 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. Review of the medical records did not reveal evidence of symptomatic severe osteoarthritis of the knee. As the criteria is not met, the request is not medically necessary.