

Case Number:	CM15-0209673		
Date Assigned:	10/28/2015	Date of Injury:	05/26/2006
Decision Date:	12/10/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male with an industrial injury date of 05-26-2006. Medical record review indicates he is being treated for right knee sprain, right foot and ankle sprain, reactive anxiety and depression and lumbar sprain with status post lumbar fusion with some continued left lower extremity radiculopathy. Subjective complaints (08-25-2015) included low back pain and right knee pain. The mid and low back pain is noted to increase with prolonged standing and walking. The pain rating is 8 out of 10 for "both the low back and the right knee." "Standing and walking is limited." Prior treatment included medications, at least 10 sessions of physical therapy and cane. Physical exam (08-25-2015) noted low back pain increasing with minimal bending to touch mid-thigh and increasing with extension of 10 degree. Right knee was tender in medial and lateral joint line with hypertrophic changes. Effusion and pain with extension of 0 degree with "grossly positive right sitting straight leg raising with rock away sign" was noted. Treatment administered at the 08-25-2015 visit included Kenalog, Marcaine and Dexamethasone injection to the right knee. The treating physician indicated a decrease in knee pain after the injection. "He was able to stand and walk better after this but is still substantially cane dependent probably with the knee and partly with the low back." On 10-20-2015 the request for intra-articular injection to the right knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-Articular injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter - Corticosteroid Injection.

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) Chapter, under Corticosteroid injections.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with ongoing low back pain and right knee pain, rated 8/10. The treater has asked for Intra-Articular injection to the right knee on 8/25/15. The request for authorization was not included in provided reports. The patient is s/p lumbar X-rays at L3-4 with 5mm of motion at a retrolisthesis with range between 6-11mm, with the degree of anterior listhesis having increased since the prior study per 8/25/15 report. The patient is s/p left wrist fracture with residual pain s/p ORIF, and is s/p lumbar fusion of unspecified date per 7/20/15 report. The patient is on disability and is retired per 6/15/15 report. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states, 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. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. 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... 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 reports do not show any evidence of prior intra-articular injections to the knee. The retrospective request is for an intra-articular injection to the right knee "for post-traumatic arthritis to improve his ability to stand and walk" per 8/25/15 report. The patient complains of right knee pain, rated at 8/10. Physical examination of the right knee revealed tenderness to palpation in medial/lateral joints with hypertrophic changes and some pain, 2+ effusion and pain with extension, as well as a grossly positive right sitting straight leg raise. A right knee X-ray from 6/8/15 showed "mild medial joint space narrowing, and mild osteophytosis of the tibial spines and of the medial tibial plateau. No definite acute fracture is seen. There is a possible suprapatellar knee joint effusion." In this case, the patient does not present with "severe osteoarthritis" as per ODG criteria for corticosteroid injections. Therefore, the request IS NOT medically necessary.