

<b>Case Number:</b>	CM15-0020281		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, 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 24 year old female, who sustained an industrial injury on December 27, 2012. She has reported low back and right knee injuries. The diagnoses have included internal derangement of the right knee and lumbosacral spine sprain/strain with disk protrusions and radiculopathy. Treatment to date has included work modifications, physical therapy, MRI, home exercise program, and pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On December 19, 2014, the treating physician noted lower back pain with radicular symptoms into bilateral legs, right knee pain, and weakness of bilateral legs. The physical exam revealed moderately decreased lumbar range of motion, positive bilateral straight leg raise at 45degrees, and tightness and spasm of the lumbar paraspinal musculature bilaterally. There was hypoesthesia along the lateral aspect of the foot and ankle, lumbar 5 and S1 dermatome bilaterally, normal bilateral knee reflexes, and decreased bilateral ankle reflexes. The right knee exam revealed normal range of motion, positive McMurray's test, medial joint line tenderness, and positive right chondromalacia compression test. The treatment plan included a request for an ultrasound guided cortisone injection to the right knee and refills of her medications. On January 28, 2015 Utilization Review modified a request for an ultrasound guided cortisone injection to the right knee, noting that intra-articular cortisone injections are generally performed without fluoroscopic or ultrasound guidance, and the necessity for ultrasound guidance was not evident. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of

Occupational and Environmental Medicine) Guidelines, and the ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultrasound guided cortisone injection to the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid injections

**Decision rationale:** Regarding the request for ultrasound-guided cortisone injection to the right knee, CA MTUS and ACOEM note that 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 for osteoarthritic knee pain not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen) when pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. They also note that it should be intended for short-term control of symptoms to resume conservative medical management or delay TKA. They also note that conventional anatomical guidance by an experienced clinician is generally adequate and ultrasound guidance for knee joint injections is not generally necessary. Within the documentation available for review, there is no current documentation of significant functional deficits due to knee osteoarthritis after failure of conservative treatment. Furthermore, there is no clear rationale for ultrasound guidance. In light of the above issues, the currently requested ultrasound-guided cortisone injection to the right knee is not medically necessary.