

<b>Case Number:</b>	CM15-0023764		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/15/1996
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

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 69-year-old female who reported an injury on 04/15/1996. The mechanism of injury was not specifically stated. The current diagnoses include lumbar spine discopathy, lumbar spondylolisthesis, right knee incision and drainage, left knee pain, status post total knee replacement with revision, status post left total knee revision surgery on 02/13/2013, right knee strain, and status post left total knee rule out loosening. The latest physician progress report submitted for review is documented on 01/08/2015. The injured worker presented for a followup evaluation with complaints of 8/10 left knee pain and 6/10 right knee pain. The injured worker was utilizing a walker for ambulation assistance. The injured worker was also utilizing Norco. Upon examination, there was an antalgic gait, positive patellar grind maneuver on the right, hamstring tenderness on the right, medial joint line tenderness on the right, 180 degrees extension, 140 degrees flexion, and weakness secondary to mild pain. Examination of the left knee revealed medial and lateral joint line tenderness, posterior popliteal and hamstring tenderness without significant swelling, mild weakness of the quadriceps and hamstring muscle groups, 180 degrees extension, 105 degrees flexion, and mild numbness in the peri-incisional area. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xylocaine/Lidocaine Injection, 8cc Dressing Small: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** California MTUS/ACOEM practice guidelines state invasive techniques such as aspiration of effusions and cortisone injections are not routinely indicated. There was no specific body part listed in the current request. There was no mention of a failure to respond to conservative management prior to the request for an injection. Therefore, the request is not medically appropriate at this time.

**Retrospective Left Knee Sterile Tray Major Joint Injection Depo Medrol Injection, 8mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques such as aspiration of effusions and cortisone injections are not routinely indicated. There was no documentation of a physical examination of the requesting date. Additionally, the injured worker was actively participating in a course of physical therapy. There was no mention of a failure to respond to conservative management prior to the request for an injection. Given the above, the request is not medically appropriate.