

<b>Case Number:</b>	CM15-0025131		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 43 year old male who sustained an industrial injury on 01/13/2014 while carrying a 100 pound object. He has reported pain in the upper back, and knee pain. Diagnoses include right knee internal derangement , status post arthroscopic surgery. Treatments to date include chiropractic care, acupuncture, and a right knee arthroscopic repair of a meniscal tear on 04/25/2014 with postoperative physical therapy. A progress note from the treating provider dated 12/17/2014 indicates the IW received a right knee corticosteroid injection with the noted purpose of the injection was to diagnostically ensure that all the knee pain in the knee was emanating from the intra-articular knee joint. After the injection, the IW had notable pain relief, ambulated more smoothly and had increased range of motion. On 01/13/2015 Utilization Review non-certified a request for Retro right Knee Injection 12/17/14 noting there was a lack of documented knee exam findings supporting a cortisone steroid injection on 12/17/2014. The ACOEM and the Official Disability Guidelines-Treatment in Workers Compensation Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro right Knee Injection 12/17/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee: CSI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, corticosteroid injection

**Decision rationale:** According to the guidelines, 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/mm<sup>3</sup>); Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities. In this case, the claimant did not have findings of arthritis but rather a meniscal tear and post-surgical symptoms and residual findings. The claimant's diagnosis does not meet the guidelines criteria for a steroid injection and is not medically necessary.