

<b>Case Number:</b>	CM15-0210469		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female with a date of injury of May 25, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for ligament tear of the left knee, arthritis of the left knee, and status post left femur fracture. Medical records dated July 10, 2015 indicate that the injured worker reported improved left knee pain, but continued pain with squatting and kneeling. A progress note dated September 22, 2015 documented reports of improvement with left knee injection. Per the treating physician (July 10, 2015), the employee was temporarily totally disabled. The physical exam dated July 10, 2015 reveals a normal gait, full weight bearing of the lower extremity, and mild swelling of the left knee, decreased range of motion of the left knee, and tenderness to palpation of the left medial joint line. The progress note dated September 22, 2015 documented a physical examination that showed tenderness of the medial and lateral joint. Treatment has included left knee arthroscopy, an unknown number of physical therapy sessions, and medications (Tramadol). The utilization review (October 1, 2015) non-certified a request for a cortisone injection to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee / Corticosteroid injections.

**Decision rationale:** CA MTUS/ACOEM Chapter 13, pages 337, 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 7/10/15 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. The request therefore is not medically necessary and appropriate. According to ODG knee / Corticosteroid injections: 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 (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. In this patient the ODG criteria have not been met because 5 of the ACR criteria have not been documented. Thus the recommendation is not medically necessary.