

Case Number:	CM15-0213746		
Date Assigned:	11/03/2015	Date of Injury:	03/05/2012
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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 57 year old male who sustained an industrial injury on 3-5-12. A request for authorization (10-15-15) lists diagnoses as right knee effusion and right knee pain. Subjective complaints (8-3-15) include inflammation and lateral right knee pain with excessive activity, about 3-4 hours. Objective findings of the right knee (9-18-15) include active range of motion of 0-135 degrees, moderate effusion, good strength, and good stability. The impression (9-18-15) is shoulder pain; combination of arthrosis, degenerative tendinosis and labral tearing with calcium deposits and osteoarthritis right knee; postoperative right total knee, doing well but recurrent effusions. Previous treatment includes right knee replacement (2-2-15), physical therapy, and a home exercise program. The physician notes the right knee is functioning well, but has recurrent swelling and will request authorization for aspiration and cortisone injection of the right knee. The requested treatment of right knee arthrocentesis with ultrasound, Triamcinolone injection times 8 and Dexamethasone injection times 8 was non-certified on 10-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthrocentesis with ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Corticosteroid Injections, pages 294-295.

Decision rationale: The patient is s/p right knee TKA on 2/2/15 with recurrent effusions. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. 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 to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Also, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA; however, the patient already underwent TKA with increased infection risk introduced from cortisone injection. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial or limitations in ADLs to meet guidelines criteria. Additionally, arthrocentesis are generally done without fluoroscopy and ultrasound. There is also no indication or necessity for delivery of both Triamcinolone and Dexamethasone steroids x 8 beyond guidelines criteria. The Right knee arthrocentesis with ultrasound is not medically necessary or appropriate.

Triamcinolone injection times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Corticosteroid Injections, pages 294-295.

Decision rationale: The patient is s/p right knee TKA on 2/2/15 with recurrent effusions. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. 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 to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age;

Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Also, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA; however, the patient already underwent TKA with increased infection risk introduced from cortisone injection. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial or limitations in ADLs to meet guidelines criteria. Additionally, arthrocentesis are generally done without fluoroscopy and ultrasound. There is also no indication or necessity for delivery of both Triamcinolone and Dexamethasone steroids x 8 beyond guidelines criteria. The request for Triamcinolone injection times 8 is not medically necessary or appropriate.

Dexamethasone injection times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Corticosteroid Injections, pages 294-295.

Decision rationale: The patient is s/p right knee TKA on 2/2/15 with recurrent effusions. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. 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 to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Also, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA; however, the patient already underwent TKA with increased infection risk introduced from cortisone injection. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial or limitations in ADLs to meet guidelines criteria. Additionally, arthrocentesis are generally done without fluoroscopy and ultrasound. There is also no indication or necessity for delivery of both Triamcinolone and Dexamethasone steroids x 8 beyond guidelines criteria. The request for Dexamethasone injection times 8 is not medically necessary or appropriate.