

<b>Case Number:</b>	CM15-0220356		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: New Jersey

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 was diagnosed as having cervical and lumbar spine sprain-strain superimposed upon degenerative disc and joint disease, lower extremity radiculitis, chondromalacia of the bilateral knee joints, internal derangement of the bilateral knee joints, impingement syndrome bilateral shoulders, and partial rotator cuff tears bilateral shoulders. Treatment to date has included medication, previous corticosteroid injections in the knees (long term benefit), and 6 sessions of physical therapy for shoulder (beneficial). Currently, the injured worker complains of bilateral knee pain with weight bearing and activity and rated 6-7 out of 10 and shoulder pain. Per the primary physician's progress report (PR-2) on 8-24-15, exam noted pain with cervical compression, myofascial guarding, and decreased range of motion. Shoulder exam noted reduced range of motion, tenderness over the AC (acromioclavicular) joint and greater tuberosity, and positive orthopedic tests. Lumbar exam noted tenderness across the lower back, trigger points and myofascial guarding, positive straight leg raise bilaterally. The bilateral knee exam noted positive McMurray's test, negative anterior and posterior drawer sign, negative Lachman's test and patellofemoral apprehension sign, positive patellofemoral grind test. The Request for Authorization requested service to include Cortisone injection, right knee, 1 injection x 3 weeks. The Utilization Review on 10-15-15 denied the request for Cortisone injection, right knee, 1 injection x 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection, right knee, 1 injection x 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee - Corticosteroid injections.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Corticosteroid injections.

**Decision rationale:** The MTUS ACOEM Guidelines state that knee corticosteroid injections are not routinely indicated. The ODG, however, provides more criteria for their consideration for certain situations. The ODG states that corticosteroid injections in the knee joint are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three, total per knee joint. The short term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed, however. The criteria for corticosteroid injections to the knee include; 1. Documented symptomatic severe osteoarthritis, 2. Not controlled adequately by conservative treatments (exercise, NSAIDs, acetaminophen), 3. Pain interferes with functional activities and not attributed to other forms of joint disease, 4. Intended for short-term control to resume conservative medical management or to delay total knee replacement, 5. Generally performed without fluoroscopic or ultrasound guidance, 6. Absence of synovitis, 7. Aspiration of effusions preferred (not required), 8. Only one injection should be scheduled to start, 9. Second injection is not recommended if the first resulted in complete resolution of symptoms or if there was no response, 10. With several weeks of temporary partial resolution of symptoms and then worsening pain and function a repeat steroid injection may be an option, and 11. Number of injections should be limited to three total per joint. In the case of this worker, there was report of having had previous injection(s) to the right knee, however, no specific were identified in the notes provided for review as to how many injections the worker had for the right knee joint, how effective they were and for how long they were effective. As there is a recommended limit (3) and criteria that has to be met, and without enough background information regarding the previous injection(s), this request will need to be considered as medically unnecessary.