

<b>Case Number:</b>	CM15-0031636		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 39-year-old female, who sustained a work related injury on 1/18/12. She was pushed down unknown number of stairs and suffered injuries to cervical, thoracic and lumbar spine. The diagnoses have included posttraumatic concussion syndrome, headaches with associated nosebleeds, cervical strain/sprain, right shoulder rotator cuff tendonitis/bursitis, thoracic strain/sprain, lumbar strain/sprain with radicular complaints, bilateral knee contusions/strain, insomnia and stress/anxiety. Treatments to date have included x-rays, MRI, electro-diagnostic studies, oral medications, physical therapy and aqua therapy. In the PR-2 dated 12/10/14, the injured worker complains of intermittent, moderate low back pain. She complains of bilateral knee pain and occasional swelling. She has tenderness to palpation of cervical neck musculature and decreased range of motion. She has tenderness to palpation of right shoulder musculature with spasms and decreased range of motion. She has tenderness to touch and spasms of thoracic and lumbar spine musculature. She has decreased range of motion in low back area. She has tenderness to palpation of bilateral knee joints with slight crepitus noted. She has decreased range of motion in both knees. She states that the aquatic therapy is helping with decreasing pain to do activities of daily living. On 1/20/15, Utilization Review non-certified requests for a cortisone injection in left knee and a lumbar support. The California MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**Decision rationale:** The 1/20/15 Utilization Review letter states the Cortisone injection to the left knee requested on the 12/10/14 medical report was denied because guidelines do not recommend routine injections. According to the 12/10/14 emergency medicine/internal medicine report, the patient presents with intermittent moderate low back pain, bilateral knee pain. The treatment plan includes referral to another specialty, as there are issues outside the current physician's area of clinical competence. He recommends an orthopedist. The treatment plan included a request for cortisone injection to the left knee, and a lumbar support. MTUS/ACOEM chapter 13, Knee, page 346-347, Table 13-6, "Summary of Recommendations and Evidence" under "options" lists: repeated aspirations or corticosteroid injections (D). The records show the internal medicine specialist has been attempting to have the patient evaluated by a knee specialist since 1/30/14. There were no orthopedic reports or knee imaging studies provided for this review. The physician provided medications, and aquatic therapy, and the symptoms in the knees persisted for almost a year. The knee injection in this case, appears to be in accordance with the ACOEM guidelines. The request for Cortisone injection to the left knee IS medically necessary.

**Lumbar support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

**Decision rationale:** The 1/20/15 Utilization Review letter states the Lumbar support requested on the 12/10/14 medical report was denied because there was no documentation of clinical issues with the patient, and the guidelines only recommend supports for fractures, spondylolisthesis or documented instability. According to the 12/10/14 emergency medicine/internal medicine report, the patient presents with intermittent moderate low back pain, bilateral knee pain. The treatment plan includes referral to another specialty, as there are issues outside the current physician's area of clinical competence. He recommends an orthopedist. The treatment plan included a request for cortisone injection to the left knee, and a lumbar support. MTUS/ACOEM, chapter 12, Low Back, page 301: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief MTUS/ACOEM, chapter 12, Low Back, page 308, Table 12-8, "Summary of Evidence and Recommendations": Corsets for treatment "Not Recommended. In occupational setting, corset for prevention Optional." MTUS does not support use of lumbar supports in the chronic phase, unless used in the occupational setting for prevention. According to the 11/05/14 psychological report, the patient has not worked since 1/18/2012. The MTUS criteria for use of a lumbar support in the chronic phase of care has not been met. The request for the lumbar support IS NOT medically necessary.