

Case Number:	CM15-0032984		
Date Assigned:	02/26/2015	Date of Injury:	09/29/2008
Decision Date:	04/20/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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 59 year old female who sustained a work related trip and fall injury to her right shoulder, right elbow and bilateral knees on September 29, 2008. The injured worker underwent a right total knee arthroplasty in 2010 and a series of Euflexxa injections to the left knee with last treatment dated June 16, 2014. The injured worker was diagnosed with osteoarthritis of the left knee, status post right total knee replacement and a right shoulder Slap rotator cuff tear with osteoarthritic changes and impingement (per magnetic resonance imaging (MRI) on January 7, 2015). According to the primary treating physician's progress report on January 14, 2014 the patient continues to experience moderate soreness in the left shoulder. A steroid injection was last administered on October 3, 2103. Examination demonstrated tenderness at the acromioclavicular joint and tightness in the trapezial musculature with some rotator cuff impingement. The injured worker also expresses continued pain in the right gluteal and hip area. The left knee (post injections) was reportedly significantly improved with slight medial joint line tenderness on examination. Current medications are listed as Aspirin, Mobic, Celebrex and Norco. Treatment modalities consist of continuation of home exercise program and medication. The treating physician requested authorization for Aspiration times three (3) (no location; Lidocaine times three (3) (no location). On February 2, 2015 the Utilization Review denied certification for Aspiration times three (3) (no location; Lidocaine times three (3) (no location). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspiration times three (3) (no location): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter Knee/Leg Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8- and 9.

Decision rationale: According to the 01/22/2015 report, this patient presents with left knee pain and right shoulder pain with some AC arthritis and cuff inflammation as well as some periscapular muscle dysfunction. The current request is for Aspiration times three (3) (no location). According to <http://medical-dictionary.thefreedictionary.com>; Aspiration is when solids or liquids that should be swallowed into the stomach are instead breathed into the respiratory system, or when substances from the outside environment are accidentally breathed into the lungs. In reviewing the records made available, the treating physician does not document that the patient has an Aspiration issue or pulmonary issue. MTUS guidelines page 8 states that the provider must monitor the patient and provide appropriate treatment recommendations. In this case, the treating physician does not provide medical rationale for the request. It is not known why the patient needed Aspiration times three. Therefore, the request is not medically necessary.

Lidocaine times three (3) (no location): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter Knee/Leg Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 204 and 339.

Decision rationale: The 2/02/15 Utilization Review letter states the Lidocaine times three (3) (no location) requested on the 1/22/15 medical report was denied because there is no indication of the location for the procedure. According to the 1/22/15 orthopedic report, the patient had a right TKA on 9/27/10, and is currently being treated for the left knee. She completed a series of Orthovisc on 6/16/14 which was beneficial with walking tolerance and less start up stiffness. She feels the Orthovisc is wearing off, and notes prior to Orthovisc she had Euflexxa which helped more. She is also being seen for right shoulder problems. She had subacromial and AC joint Depo-Medrol injections. MRI shows full thickness rotator cuff tear and SLAP lesion and biceps tendon pathology. Plan includes Euflexxa injections for the left knee, and right shoulder arthroscopy. MTUS/ACOEM Chapter 9, Shoulder, page 204 for Initial Care states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total

number of injections should be limited to three per episode, allowing for assessment of benefit between injections. ACOEM chapter 13, Knee, page 339 states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. The request for Lidocaine x3 is not complete. There is no discussion of whether this is an injection of a trigger point or joint or bursa; or whether the request is for a topical compound or patch. There is no rationale provided for the procedure, and the body region being treated is unknown. MTUS/ACOEM guidelines do not recommend invasive techniques for the knee, and state there is limited value for the shoulder. The incomplete request is not in accordance with MTUS/ACOEM guidelines. The request for "Lidocaine times three (3) (no location)" is not medically necessary.