

Case Number:	CM15-0034024		
Date Assigned:	02/27/2015	Date of Injury:	02/24/2012
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
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 53-year-old female who sustained an industrial injury on 02/24/2012. Current diagnosis includes internal derangement right and left knee. Previous treatments included medication management. Report dated 01/08/2015 noted that the injured worker presented with complaints that included neck, bilateral shoulder, and lumbar spine pain. Physical examination was positive for abnormal findings. Utilization review performed on 02/11/2015 non-certified a prescription for bilateral cortizone injection to the knees of lidocaine, marcaine, depo-medrol, and asp, under ultrasound guidance, based on the clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cortizone injection to the knees of lidocaine, marcaine, depo-medrol, and asp, under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections.

Decision rationale: The 53-year-old patient complains of pain in neck, bilateral shoulders, and lumbar spine, as per progress report dated 01/08/15. The request is for BILATERAL CORTISONE INJECTION TO THE KNEES OF LIDOCAINE, MARCAINE, DEPO-MEDROL AND ASP. UNDER ULTRASOUND GUIDANCE. The RFA for this case is dated 01/22/15, and the patient's date of injury is 02/24/12. Diagnoses, as per progress report dated 01/08/15, included herniated lumbar disc, herniated cervical disc, bilateral shoulder degenerative joint disease, bilateral knee sprain/strain, and anxiety and depression. Medications included Motrin, Soma, Ambien and Norco, as per progress report dated 11/20/14. As per progress report dated 08/28/14, the patient's pain is rated at 7-8/10. The patient is off work, as per progress report dated 01/08/15. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "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. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. 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. 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 case, the patient suffers from bilateral knee pain, as per progress report dated 01/08/15. In progress report dated 08/28/14, the treater states that the purpose of the injection is for "alleviation of pain and discomfort." The treater also states that the ultrasound allows for continuous monitoring of the needle position, and such injections are "more accurate, more effective and painful." However, there is no diagnoses of osteoarthritis knee pain. Given the lack of imaging or clinical verification of severe osteoarthritis, recommendation for the cortisone injection cannot be made. Therefore, the request IS NOT medically necessary.