

Case Number:	CM15-0040800		
Date Assigned:	03/18/2015	Date of Injury:	08/01/1993
Decision Date:	04/23/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/03/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54-year-old male who sustained an industrial injury on August 1, 1993. He has reported pain in the lower back and has been diagnosed with cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral knee internal derangement right greater than left, and left ankle traumatic arthritis. Treatment has included medications, physical therapy, and injections. Currently the injured worker had tenderness to palpation along the cervical spine with decreased range of motion. The lumbar spine showed tenderness with increased muscle rigidity. The right knee showed tenderness with mild crepitus and a positive McMurray's sign to the right knee. The left ankle showed swelling. The treatment plan included an injection, surgery, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Intra-Articular Diagnostic Injection 2 1/2cc lidocaine 1%-Marcaine 0.5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg/Corticosteroid injections.

MAXIMUS guideline: Decision based on Non-MTUS Citation Corticosteroid injections. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, knee injection 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.) Imaging guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. For more information and references, see Ultrasound, diagnostic. Criteria for Intraarticular glucocorticosteroid injections: 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: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). 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. Intended for short-term control of symptoms to resume conservative medical management or delay TKA. Generally performed without fluoroscopic or ultrasound guidance. Absence of synovitis, presence of effusion preferred (not required). Aspiration of effusions preferred (not required). 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. There is no documentation that the patient developed severe osteoarthritis or any of the conditions mentioned above. There is no documentation that the pain is causing limitation of the patient functional activity and activity of daily living. Therefore, the request for Left Knee Intra-Articular Diagnostic Injection 2 1/2cc lidocaine 1%-Marcaine 0.5 is not medically necessary.