

<b>Case Number:</b>	CM15-0048323		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Hawaii  
 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 45-year-old female, who sustained an industrial injury on 1/14/10. She reported bilateral knee pain. The injured worker was diagnosed as having bilateral knee osteoarthritis, bilateral knee pain and patellofemoral compression disorder. Treatment to date has included activity restrictions, oral medications including opioids, heat, ice, ace wrap and physical therapy. Currently, the injured worker complains of moderate intermittent bilateral knee pain with numbness and tingling from knees to feet. The physical exam and pain are unchanged from previous visits. Physical exam of bilateral knees did not reveal tenderness on palpation. The injured worker states she is taking 3 Naproxen a day and the sports cream she was giving is not effective in relieving any of her pain. The treatment plan consists of steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injection of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg, Corticosteroid Injection.

**Decision rationale:** The patient presents with pain affecting the knees bilaterally. The current request is for Steroid injection of the bilateral knees. The treating physician report dated 12/23/14 (29C) states, "Certainly a steroid injection would be reasonable...For this reason steroid injections might be the place to start." The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding Corticosteroid injections: "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." The ODG guidelines go into further detail regarding the criteria for a steroid injection. In this case, there is a lack of documented symptomatic severe osteoarthritis and the required 5 out of 9 criteria were not documented either. The current request does not satisfy the ODG guidelines as outlined in the "Knee/Leg" chapter. Recommendation is for denial. Therefore, this request is not medically necessary.