

Case Number:	CM15-0052454		
Date Assigned:	04/16/2015	Date of Injury:	05/23/2009
Decision Date:	05/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on 05/23/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having other chronic post-operative pain, chronic pain due to trauma, lower leg joint pain, and internal derangement of the knee. Treatment to date has included use of a cane, right knee injections, status post left knee arthroscopy, status post right knee replacement, and medication regimen. In a progress note dated 02/25/2015 the treating physician reports complaints of constant, aching, sharp, stabbing, and throbbing pain to the right knee, lower extremities, and the cervical spine with a pain rating of a nine out of ten. The pain is noted to radiate to the right lower extremity. The treating physician requested and performed a left knee steroid injection under ultrasound noting that the injured worker was responsive to local treatment to the right knee and noted the goals of increasing the injured worker's ability to manage pain, return to productive activity socially, and to reduce subjective pain intensity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Steroid Injection under Micromax Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Intra-articular corticosteroid injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter- pg 16.

Decision rationale: 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);- 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. In this case, the claimant had received an unknown amount of prior injections. In addition, there was no indication of criteria defined osteoarthritis. As a result, the request for an additional knee injection is not medically necessary.