MAXIMUS Federal Services

Case Number:	CM15-0060312		
Date Assigned:	04/06/2015	Date of Injury:	09/24/2012
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 61 year old male, who sustained a work/ industrial injury on 9/24/12. He has reported initial symptoms of pain in the bilateral shoulders, elbows, wrist, and knees. The injured worker was diagnosed as having bilateral shoulder impingement/bursitis, right elbow severe degenerative joint disease (DJD), bilateral knee osteoarthritis, and bilateral knee chondromalacia. Treatments to date included medication, physical therapy, acupuncture, chiropractic care, bracing, and steroid injections. Magnetic Resonance Imaging (MRI) was performed on 6/19/13 X-ray's were performed on 5/31/13. Currently, the injured worker complains of whole body pain to include aching and burning neck pain that radiates up into his head. The pain radiates down the right arm into the hand and the left arm to the elbow. There was mid back pain with radiation and numbness and cramping down the bilateral lower extremities to the feet. The treating physician's report (PR-2) from 3/3/15 indicated the injured worker had benefit of medication, had 10% improvement with medial branch blocks. A right wrist brace was worn. Exam noted tenderness to palpation to the cervical spine and lumbar spine. Recommendation was for orthopedic care. The PR-2 from 2/20/15 requested bilateral knee Orthovisc injections. Treatment plan included (retro) bilateral knee steroid injection without ultrasound guidance. (DOS 1/13/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: BILATERAL KNEE STEROID INJECTION WITHOUT ULTRASOUND GUIDANCE. DOS: 01/13/15.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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

Decision rationale: The patient presents with whole body pain. The current request is for RETRO: BILATERAL KNEE STEROID INJECTION WITHOUT ULTRASOUND GUIDANCE DOS 01/13/15. The treating physician states, he reports aching and burning neck pain that radiates up into his head. The pain radiates down the right arm into the hand and the left arm to the elbow. He rates his neck pain as 9/10 on the pain scale. He reports mid and low back pain that he describes as aching. He rates the pain as 9/10 on the pain scale. He reports a radiation of numbness and cramping down the bilateral lower extremities to the feet. He has received best benefit from Norco 7.5 but has difficulty to obtain at the pharmacy. Since our last visit, the patient has undergone a medial branch block bilaterally at L4-5 and L5-S1 and reports 10% improvement. (B.101) There is no further discussion of the current request. The ODG guidelines state, 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. In this case, the current request is retro dated back to 1/13/15 and the documentation provided for review does not cover the initial request and does not provide rationale as to why the request was needed. There is no evidence that prior injections have been ordered or completed. The ODG also states corticosteroid injection is indicated for severe osteoarthritis. MRI of the knees show at best mild osteoarthritis and chrondromalcia patella. The limited documentation provided does not give a clear indication of the need for the current request and the required ODG criteria has not been met. The current request is not medically necessary and the recommendation is for denial.