

<b>Case Number:</b>	CM15-0062034		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/02/2008
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56 year old male, who sustained a cumulative industrial injury from 2006 through March 2, 2008. He reported shoulder and low back pain. The injured worker was diagnosed as having cervical region disc disorder, internal derangement of the right knee, adhesive capsulitis of the right knee and left shoulder rotator cuff syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the knee, conservative therapies, medications and work restrictions. Currently, the injured worker complains of left shoulder pain and low back pain radiating into the right thigh with associated numbness. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 28, 2014, revealed continued pain. A cortisone injection and topical pain medication for the knee were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection under guided ultrasound and sterile condition:** 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 Official Disability Guidelines (ODG) Knee Section, Cortisone Injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, cortisone injection under ultrasound guidance, sterile conditions is not medically necessary. Corticosteroid injections are recommended for short-term use only. Intra-articular corticosteroid injections result in clinically and statistically significant reduction in osteoarthritic knee pain one week after injection. The criteria for intra-articular glucocorticosteroids are numerators in the Official Disability Guidelines. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to aspirate fluid; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are cervical region disc disorder; internal derangement right knee unspecified; adhesive capsulitis right knee; and left shoulder rotator cuff syndrome. A medical record review from January 30, 2015 showed the injured worker had a right total knee arthroplasty. The treating physician was requesting authorization for manipulation of the knee under anesthesia. The injured worker was authorized for 48 physical therapy sessions on February 2, 2015. The injured worker received a lidocaine and Kenalog injection to the affected knee. Objectively, the physical examination shows surgical incisions, scarring and patellofemoral crepitus. According to the review in the medical record, the injured worker had a total knee arthroplasty of the right knee. The purpose of the corticosteroid injection after a total knee replacement is unclear. There is no clinical rationale in the medical record for the administration of the corticosteroid injection. Additionally, ultrasound guidance is generally not necessary but may be considered if the provider is unable to aspirate fluid from the knee joint; morbid obesity prohibits the ability to inject the joint without ultrasound guidance and draining of popliteal baker cyst. There were none of the above findings documented in the medical record. As a result, ultrasound guidance is not medically necessary. Consequently, absent clinical documentation of a clinical rationale in the presence of a right total knee arthroplasty under ultrasound guidance, cortisone injection under ultrasound guidance, sterile conditions is not medically necessary.