

<b>Case Number:</b>	CM15-0080948		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65-year-old female who sustained an industrial injury on September 12, 2013. She has reported injury to the bilateral knees and low back and has been diagnosed with internal derangement, bilateral knee, with bilateral knee multicompartamental osteoarthritis with evidence of medial and lateral meniscus injury and lumbar spinal stenosis and spondylolisthesis with chronic bilateral SI radiculopathy. Treatment has included medical imaging, surgery, physical therapy, medication, injections, and acupuncture. Currently the injured worker complains of low back pain and bilateral knee pain. The treatment request included an ultrasound guided corticosteroid injection to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided corticosteroid injection right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid injections and Ultrasound, diagnostic.

**Decision rationale:** Regarding the request for ultrasound guided corticosteroid injection right knee, ODG states that intra-articular corticosteroid injections are 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. The criteria for intra-articular glucocorticosteroid injections, according to the American College of Rheumatology (ACR), states that there has to be documentation of 1) severe osteoarthritis of the knee with knee pain; 2) not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); 3) pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; 4) intended for short-term control of symptoms to resume conservative medical management or delay TKA. Guidelines go on to state that 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. ODG also notes that, in the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. Within the documentation available for review, it appears that the patient does have osteoarthritis of the right knee. The patient's knees were injected previously with benefit noted, although specifics regarding pain relief, functional benefit, and duration from the right knee injection were not clearly identified. More recently, the patient obtained benefit from an injection on the left and wished to undergo the procedure on the right. While injections are supported in the management of knee osteoarthritis, without clear evidence of efficacy from prior injection on the right, another injection is not indicated. Furthermore, there is no documentation of a clear rationale for ultrasound guidance as outlined above and, unfortunately, there is no provision for modification of the current request. As such, the currently requested ultrasound guided corticosteroid injection right knee is not medically necessary.