

<b>Case Number:</b>	CM15-0083651		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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

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 5/13/14. She reported initial complaints of a fall injury on right knee. The injured worker was diagnosed as having unspecified sprain of knee/leg; old disruption anterior cruciate; other complications of joint prosthesis, knee joint replacement; leg joint pain. Treatment to date has included physical therapy; medications. Diagnostics included X-rays right knee (6/6/14); MRI right knee (8/12/14); three-phase bone scan (11/17/14); MRI right thigh without contrast (11/25/14). Currently, the PR-2 notes dated 2/20/15 is an initial orthopedic consultation report. This report indicates the injured worker was in the office for an evaluation of her right knee. She reports the pain is constant sharp, throbbing and cramping. The symptoms worsen as the day progresses and worse in the evening. Her symptoms have been present for nine months since her injury and rate the pain level as moderate 7/10. She has had x-rays, MRI, bone scan, physical therapy and pain medications for treatment. The injured worker notes she tore her quad muscle in 5/2014 and has had pain since that time. She feels her knee buckles under her and must use a cane or walker for ambulation at all times; walks as far as she likes as long as she is careful; does not use stairs. She has had a right total knee replacement in 2010. Objective findings note antalgic gait with limp on right, ligamentously intact; pain on lateral side with valgus and there is a solid endpoint with anterior/posterior drawer. There is no effusion, 5/5/ motor strength and palpable mass right anterior thigh. X-ray data notes AP bilateral knees weight bearing and AP lateral and merchant with weight bearing. The medial unicompartment arthroplasty with no obvious signs of wear or loosening with no other obvious abnormalities noted on x-ray. The provider notes he

did not feel she has any ligamentous laxity and the majority of the pain is coming from the quad. To see if the pain is coming from the knee verses her quad would be to inject the knee joint itself to allow differentiation of pain between the two. He is requesting authorization of a Right knee injection with lidocaine/Marcaine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee injection with lidocaine/marcaine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Corticosteroid Injections, pages 294-295.

**Decision rationale:** ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. 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 to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The Right knee injection with lidocaine/marcaine is not medically necessary and appropriate.