MAXIMUS Federal Services

Case Number:	CM15-0086853		
Date Assigned:	06/03/2015	Date of Injury:	10/18/2012
Decision Date:	07/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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 54 year old female, who sustained an industrial injury on 10/18/2012. She developed pain in her back, knees, ankles, shoulder and upper extremities as well as psychological symptoms as a result of her repetitive job duties. According to a progress report dated 03/30/2015, the injured worker still complained of bilateral knee pain with severe limited range of motion. She experienced pain on passive and active motion. She experienced radiating pain to the bilateral lower extremities. She was experiencing moderate to severe pain with attempts to perform most normal activities. She was awaiting authorization for a right knee intra-articular injection. Physical examination demonstrated an antalgic component to gait. Heel and toe walking was performed satisfactorily but with some knee discomfort. She was only able to partially squat due to knee symptoms. There was marked stiffness of the bilateral knees. There was no gross deformity. Scars were not present of the knee to inspection. There was tenderness to palpation over the medial joint line as well as over the undersurface of the patella. Patellar pressure produced knee discomfort. Passive extension of the knee produced no complaints of pain. There was tenderness over the pes anserinus bursa. There was decreased range of motion of the right knee. Bilateral knee discomfort was reported on extremes of range of motion testing. There was no evidence of patellofemoral crepitation. Examination of the lower extremities revealed the femoral, popliteal, tibialis and dorsalis pedis pulses to be present. Patellar and Achilles reflexes were active and symmetrical in the lower extremities. Sensory examination to light touch and use of the Wartenberg pinwheel revealed no sensory changes over the lower extremities. Motor tone and strength of the knees were considered to be within normal

limits. Diagnoses included bilateral knee internal derangement, limited range of motion of the bilateral knees and bilateral knee inflammation. The provider noted that failure of conservative treatment including physical therapy and acupuncture had been documented. The treatment plan included an authorization request for the first right knee intra-articular injection under fluoroscopic guidance. Currently under review is the request for right knee intra-articular injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee intra-articular injection under fluoroscopy guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: There are no imaging or x-ray findings available. 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/mm3), 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 intra-articular injection under fluoroscopy guidance is not medically necessary and appropriate.