

Case Number:	CM15-0089483		
Date Assigned:	05/13/2015	Date of Injury:	03/15/2013
Decision Date:	06/15/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/09/2015

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 40 year old female, who sustained an industrial injury on 3/15/2013. She reported low back, neck, right shoulder, and bilateral knee pain. The injured worker was diagnosed as having lumbar radiculopathy, cervical spine strain, bilateral knee pain, and abdominal pain. Treatment to date has included medications, magnetic resonance imaging, and electro diagnostic studies. The request is for a left knee steroid injection. On 3/26/2015, she complained of increased left knee pain. She reported her low back pain with radiating leg pain had been completely relieved. She indicated that she has had instances of her right leg giving out on her, one occasion causing her to twist her left knee. She had continued complaint of neck and right shoulder pain rated 9/10. She indicated Dendracin lotion helps her neck, right shoulder, bilateral knee and low back pain, and is able to reduce her Tramadol dose with continued use. The objective findings indicated the bilateral quadriceps femoris, gastrocnemius, anterior tibialis, showed no atrophy. The lower extremity dermatomes and neuromuscular lower extremity muscle groups were within normal limits. The treatment plan included: steroid injection of the right shoulder, and steroid injection of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee and Leg Chapter, Corticosteroid injections.

Decision rationale: Regarding the request for a knee steroid injection, CA MTUS and ACOEM cite that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. 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. Within the documentation available for review, the provider appears to be suspicious for a meniscal injury rather than osteoarthritis and no clear evidence of osteoarthritis of the knee is presented. As such, the currently requested knee steroid injection is not medically necessary.