

Case Number:	CM15-0237683		
Date Assigned:	12/14/2015	Date of Injury:	02/12/2014
Decision Date:	01/29/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/04/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 52-year-old female, with a reported date of injury of 02-12-2014. The diagnoses include status post left knee arthroscopy and meniscectomy and left knee medial meniscus tear. The progress report dated 10-28-2015 indicates that the injured worker complained of left knee pain after a slip and fall. It was noted that the left knee surgery did not help. The objective findings include full range of motion of the left knee. The rest of the objective findings were somewhat illegible. The injured worker has been instructed to return to regular work. The progress report dated 09-29-2015 indicates that the injured worker complained of left knee pain, rated 9 out of 10. The objective findings include left knee flexion was 105 degrees, and left knee extension was 0 degrees. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Biofreeze, home exercise program, Naproxen, Tramadol, and physical therapy. The request for authorization was dated 10-29-2015. The treating physician requested left knee cortisone injection and Synvisc injection. On 11-05-2015, Utilization Review (UR) non-certified the request for left knee cortisone injection and Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection and synvisc injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Corticosteroid injections. Knee and Leg section, Hyaluronic acid injections.

Decision rationale: The MTUS ACOEM Guidelines state that knee corticosteroid injections are not routinely indicated. The ODG, however, provides more criteria for their consideration for certain situations. The ODG states that corticosteroid injections in the knee joint 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. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three, total per knee joint. The short term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed, however. The criteria for corticosteroid injections to the knee include 1. Documented symptomatic severe osteoarthritis, 2. Not controlled adequately by conservative treatments (exercise, NSAIDs, acetaminophen), 3. Pain interferes with functional activities and not attributed to other forms of joint disease, 4. Intended for short-term control to resume conservative medical management or to delay total knee replacement, 5. Generally performed without fluoroscopic or ultrasound guidance, 6. Absence of synovitis, 7. Aspiration of effusions preferred (not required), 8. Only one injection should be scheduled to start, 9. Second injection is not recommended if the first resulted in complete resolution of symptoms or if there was no response, 10, with several weeks of temporary partial resolution of symptoms and then worsening pain and function a repeat steroid injection may be an option, and 11. Number of injections should be limited to three total per joint. The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, left knee pain was reported with physical findings of joint tenderness and negative provocative testing. However, there was actually no clear documentation of crepitus or any found imaging to corroborate this suspected diagnosis of osteoarthropathy of the left knee. Without further objective evidence for this diagnosis, this request for steroid and Synvisc injections will be considered medically unnecessary at this time.