

Case Number:	CM14-0134963		
Date Assigned:	08/27/2014	Date of Injury:	08/28/2002
Decision Date:	09/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64year old male who reported an injury on 08/28/2002. The mechanism of injury was not indicated. The injured worker was diagnosed with left knee sprain/strain. The injured worker was treated with medications and physical therapy. The injured worker had an official x-ray of the lumbar spine on 09/09/2013 and a urine drug screening on 12/16/2013. The injured worker had two previous arthroscopies of the left knee on unknown dates indicated on clinical note dated 10/29/2013. The clinical note dated 10/29/2013 noted left knee flexion was 95 degrees and extension was 10 degrees. The progress note dated 08/06/2014 noted the injured worker complained of left knee pain and popping with pain rated 8/10 without medication and 4/10 with medications. The injured worker had moderate tenderness to palpitation of the left patella and positive crepitus. The injured worker was prescribed hydrocodone 5/325mg. The treatment plan was for intra-articular injection left knee under ultrasound x 3. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular injection left knee under ultrasound x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for intra-articular glucocorticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Corticosteroid injections.

Decision rationale: The request for Intra-articular injection left knee under ultrasound x3 is not medically necessary. The injured worker is diagnosed with left knee sprain/ strain. The injured worker complains of left knee pain and popping rated 8/10 without medication and 4/10 with medications. The California MTUS/ ACOEM guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. The Official Disability Guidelines recommend corticosteroid injections for the knee for short-term use only. The Official Disability Guidelines recommend corticosteroid injections to the knee for patients with 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 indicated findings. Findings include bony enlargement, bony tenderness, crepitus 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). There should be evidence that the patient's symptoms are not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen) and evidence of pain which interferes with functional activities (e.g., ambulation, prolonged standing) that is not attributed to other forms of joint disease. The injured worker has documentation of crepitus, is over the age of 50 years, has no documentation of palpable warmth of synovium. The injured worker had pain that interferes with functional activities, and it is not controlled adequately by recommended conservative treatments. However, the request is for intra-articular injection of the left knee under ultrasound x3 and the guidelines recommend only one injection should be scheduled to start, rather than a series of three. A second injection is recommended when patients have several weeks of temporary, partial resolution of symptoms, followed by worsening of pain and function. There is a lack of adequate documentation demonstrating the injured worker has symptomatic severe osteoarthritis of the knee. As such, the request for Intra-articular injection left knee under ultrasound x3 is not medically necessary.