

Case Number:	CM14-0135250		
Date Assigned:	08/29/2014	Date of Injury:	04/02/2014
Decision Date:	10/08/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine and is licensed to practice in California. 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 claimant injured his right knee on 04/02/14 when he was descending from a truck and slipped and fell and struck the right knee against a truck ladder. A corticosteroid steroid injection to the right knee with ultrasound is under review. He was evaluated on 07/31/14 and complained of pain in his knees, low back, and neck. His knee pain was worse after a day of work and depended on his activity. It was helped by medication, rest, a TENS unit, PT, ice, and massage. Examination of the knees did not reveal any significant abnormalities. Range of motion was within normal limits. Palpation of the right knee revealed pain over the lateral collateral ligament and the lateral tibial plateau. The medial side of the knee joint was only slightly tender. He had tenderness over the hamstring attachments medially and laterally. Other orthopedic maneuvers were negative. A right knee injection and physical therapy were recommended. He was diagnosed with a right knee strain. He had 12 authorize PT visits for the knee. MRI on 07/19/04 documented mild anterolateral subcutaneous edema and fluid and possible contusion/bursitis. There is no evidence of any tears. He was initially treated with an anti-inflammatory and a patellar stabilization brace. He was diagnosed with a strain. Xrays revealed mild osteoarthritis and no joint effusion. He attended physical therapy in April 2014. On 06/26/14, he saw [REDACTED] and reported twisting his knee awkwardly. He complained of pain, clicking, popping in the right knee which was located laterally. He also had intermittent swelling. He had difficulty squatting and kneeling and climbing or descending stairs. PT for 7 visits helped by about 10%. There was moderate swelling anteriorly and laterally and minimal swelling medially. There was focal tenderness directly over the lateral and posterior lateral joint line and mild tenderness medially. Range of motion was 0-135 with clicking and popping laterally and he had crepitus with range of motion. X-rays showed no degenerative changes. A corticosteroid injection was recommended but he declined. An MRI was ordered. On 07/31/14,

he was seen again. He saw [REDACTED] and he had similar findings. He was diagnosed with tendinitis with a knee strain. A right knee injection was recommended. On 08/14/14, he saw [REDACTED] again. MRI revealed some contusion/bursitis findings. He tolerated his work despite pain and was using naproxen twice daily with benefit. PT and a right knee injection were awaiting approval. He was using a right soft knee brace. There was some slight tenderness. There was no instability of the knee joint. He continued anti-inflammatory medication and PT and an injection were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Corticosteroid Injection with Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg, Corticosteroid Injections, Criteria for Intraarticular Glucocorticosteroid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg - Corticosteroid injections

Decision rationale: The history and documentation do not objectively support the request for a corticosteroid injection to the right knee under ultrasound. The MTUS do not address this type of injection and the ODG state "Criteria for Intraarticular glucocorticosteroid injections:- 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: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm3);- Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen);- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Intended for short-term control of symptoms to resume conservative medical management or delay TKA;- Generally performed without fluoroscopic or ultrasound guidance;- Absence of synovitis, presence of effusion preferred (not required);- Aspiration of effusions preferred (not required);- Only one injection should be scheduled to start, rather than a series of three;- 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."In this case, the claimant has ongoing pain but these criteria have not been met. Only pain, tenderness, and crepitus have been documented. There is no evidence of degenerative joint disease or arthritis. The claimant appears to have soft tissue findings but not intra-articular abnormalities. He appears to be highly functional despite his pain. He initially refused an injection previously (06/26/14 per [REDACTED] note) and it is not

clear whether he has agreed to have one now. The medical necessity of this request has not been clearly demonstrated.