

Case Number:	CM14-0141153		
Date Assigned:	09/10/2014	Date of Injury:	03/22/2013
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 33-year-old male with a reported date of injury on 03/22/2013. The injury reportedly occurred when the injured worker was carrying a bench and while walking backward tripped and twisted his knee. His diagnoses were noted to include left knee anterior cruciate ligament tear, post-traumatic medial facet patella chondral injury, lumbar pain, and peroneal neuropathy with sensory manifestations only. His previous treatments were noted to include physical therapy, modified duties, knee brace, and medications. The progress note dated 08/12/2014 revealed complaints of continued symptoms of the left knee. The injured worker reported that the symptoms primarily occurred in the lateral aspect of his calf shooting down the lower leg. The injured worker complained of mild symptoms with the posterior aspect of the knee with perceived stiffness; however, his main concern was the left calf. The injured worker reported he received a steroid injection and had not received any benefit from it. The injured worker reported he was participating in physical therapy along with the injection and was able to tolerate his work duties. The physical examination revealed an antalgic gait with a range of motion of the left knee of 0 to 120 degrees with mild effusion. There was tenderness to palpation along the medial joint line as well as patellofemoral joint with mild patellofemoral crepitus and a positive patellofemoral grind test. There was tenderness along the Hoffman's fat pad and a negative McMurray's. He had a stable anterior and posterior drawer as well as a stable Lachman's examination. The knee was stable to varus and valgus stress at 0 and 30 degrees and mild effusion was noted. There was no significant swelling distally and he was able to flex and extend his toes and ankles normally. There was tenderness to palpation noted over the fibular head of the left lower extremity. The Request for Authorization Form dated 08/12/2014 was for a left knee steroid injection under ultrasound guidance to act as a diagnostic tool to differentiate between any outside pathology or internal pathology within the knee joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection Left knee Under Ultrasound Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injection.

Decision rationale: The request for a steroid injection to the left knee under ultrasound guidance is not medically necessary. The injured worker has had a previous left knee steroid injection with no benefit. The Official Disability Guidelines recommend corticosteroid injections for short term use only. Intra-articular corticosteroid injections result in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The benefit effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to 3. The guidelines criteria for intra-articular corticosteroid injections is documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least 5 of the following symptoms including bony enlargement, bony tenderness, crepitus on active motion, Erythrocyte site sedimentation rate less than 40 mm per hour, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, over 50 years of age, rheumatoid fracture less than 1:40 titer, and synovial fluid signs (clear fluid of normal viscosity and WBC is less than 2000/mm³). The guidelines also state pain has not adequately been controlled by recommended conservative treatment such as exercise, NSAIDS or acetaminophen. The pain interferes with functional activities such as ambulation, and prolonged standing and not attributed to other forms of joint disease. The injection is intended for short term control of symptoms to resume conservative medical management or delay total knee arthroscopy. Generally performed without fluoroscopic or ultrasound guidance. There should be an absence of synovitis, and a presence of effusion preferred. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or there has been no response. There is lack of documentation regarding osteoarthritis to warrant a steroid injection. Additionally, the injured worker indicated the previous knee injection did not give him any benefit. The injured worker, had mild symptoms with the knee; however, his main complaint was the left calf. Therefore, due to the lack of documentation regarding positive symptoms from the previous knee steroid injection, and a repeat injection is not appropriate at this time. As such, the request is not medically necessary.