

Case Number:	CM14-0148186		
Date Assigned:	09/18/2014	Date of Injury:	08/26/2013
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation 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:

This 60 year-old housekeeper sustained an injury on 8/26/13 from slipping on a step twisting left knee while employed by [REDACTED]. Request(s) under consideration include Left Knee Injection of Lidocaine, Marcaine and Kenalog under Ultrasound guidance. Diagnoses include lower leg joint pain; osteoarthritis of lower leg; medial meniscus cartilage tear of knee. Medications list Relafen, Ultracet, Cyclobenzaprine, and Naprosyn. Report of 6/11/14 from the provider noted the patient was s/p left knee arthroscopy with partial medial meniscectomy and chondroplasty of medial femoral condyle, medial tibial plateau for chondromalacia on 5/22/14. It was noted the patient has yet to start physical therapy and continued on medication with symptoms slowly improving. The patient is off ambulatory aides and still has residual pain along medial aspect of left knee. Exam showed left knee with well-healed incisions; range of motion of 0-105 degrees; residual tenderness along distal medial femoral condyle and medial joint line; patellofemoral and lateral joint line are non-tender; no calf swelling or tenderness; negative Homan's with intact neurovascular of the extremity. Treatment included PT for the left knee. Last physical therapy report dated 7/10/14 noted patient with positive response from six visits completed with recommendation and plan for further therapy. The request(s) for Left Knee Injection of Lidocaine, Marcaine and Kenalog under Ultrasound guidance was denied on 8/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Injection of Lidocaine, Marcaine and Kenalog under Ultrasound guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Procedure Summary Test (last updated 06/05/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Knee Chapter, Corticosteroid Injections, pages 294-295

Decision rationale: There is no updated imaging or x-ray findings available. The patient has undergone recent left knee arthroscopic surgery on 5/22/14. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. 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 to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr.; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial or limitations in ADLs to meet guidelines criteria with recent arthroscopic surgery. The Left Knee Injection of Lidocaine, Marcaine and Kenalog under Ultrasound guidance are not medically necessary.