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| Case Number: | CM14-0160398 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 09/20/1994 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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 Orthopaedic Surgery 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:

This injured worker is a 77-year-old female with date of injury 9/20/94. The mechanism of injury was not documented. Past surgical history was positive for right total knee replacement on 6/27/11. The 9/8/14 treating physician report documented a routine yearly check-up for the right total knee replacement. The injured worker was doing well with minimal right knee symptoms, including some "noise" in the right knee at times. Left knee pain was reported after walking 2 blocks. Physical exam documented normal gait, range of motion 0-120 degrees, and some possible crepitation. Right knee x-ray documented the total knee replacement was in a good position with some non-specific calcification in the posterior aspect of the knee. The diagnosis was unspecified derangement of the lateral meniscus, osteoporosis, and knee internal derangement. There was a discussion of the rationale of crepitation in the knee. Authorization for a right knee cortisone injection with fluoroscopy and ultrasound was requested. The 9/19/14 utilization review was denied the right knee cortisone injection as not supported by current diagnosis which was inconsistent with documentation of total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection w/fluoroscopy and ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Updated 8/25/14), Corticosteroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Corticosteroid Injections.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that cortisone injections for the knee are not routinely indicated. The Official Disability Guidelines provide specific criteria for steroid injections for workers with symptomatic knee osteoarthritis. Criteria require knee pain with at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate less than 40 mm/hr, less than 30 minutes of morning stiffness, age over 50 years, rheumatoid factor less than 1:40 titer, or synovial fluid signs. Criteria also include pain not controlled by recommended conservative treatments (exercise, medications), pain interferes with functional activities, injections intended for short term control of symptoms to resume conservative medical management or delay total knee arthroplasty, absence of synovitis, presence of effusion preferred, and aspiration of effusions preferred. Injections are generally performed without fluoroscopic or ultrasound guidance. Guideline criteria have not been met. There is no evidence of symptomatic knee osteoarthritis. Minimal symptoms are reported status post right total knee replacement. There are no documented functional limitations. There is no evidence that recommended conservative treatments have failed. The use of fluoroscopy and/or ultrasound is not adequately supported for steroid injections. Therefore, this request is not medically necessary.