

<b>Case Number:</b>	CM14-0183087		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 9/9/11 date of injury. At the time (10/16/14) of the Decision for Ultrasound guided corticosteroid injection to the right shoulder, Home health care for ADL's 24/7, and Ultrasound guided corticosteroid injection to the right knee, there is documentation of subjective (right shoulder and right knee pain) and objective (tenderness over bilateral greater tuberosities, subacromial grinding as well as clicking, positive right arm drop, tenderness over right medial as well as lateral knee joint line, positive crepitus of bilateral knee, right knee circumference of 17.5 inches and left knee circumference of 17 inches, and positive chondromalacia patella compression test) findings, current diagnoses (shoulder/upper arm sprain/strain, bilateral knee osteoarthritis, knee/leg sprain/strain), and treatment to date (total body strengthening, previous knee injection, and medications (including ongoing treatment with topical NSAIDs)). Medical reports identify that patient has difficulty in carrying groceries; pushing grocery carts, and gets up from chair slowly. Regarding Ultrasound guided corticosteroid injection to the right shoulder; there is no documentation of pain with elevation that significantly limits activities. Regarding Home health care for ADL's 24/7, there is no documentation that the patient requires recommended medical treatment; the patient is homebound on a part-time or intermittent basis; and no more than 35 hours per week. Regarding Ultrasound guided corticosteroid injection to the right knee, there is no documentation that knee pain is not attributed to other forms of joint disease; additional findings (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/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); and functional benefit or improvement as a reduction in work restrictions;

an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous knee injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultrasound guided corticosteroid injection to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205 & 213.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of pain with elevation that significantly limits activities and failure of conservative therapy (i.e. strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial injection of local anesthetic and a corticosteroid preparation. Within the medical information available for review, there is documentation of diagnoses of shoulder/upper arm sprain/strain and knee/leg sprain/strain. In addition, there is documentation of failure of conservative therapy (strengthening exercises and non-steroidal anti-inflammatory drugs). However, there is no documentation of pain with elevation that significantly limits activities. Therefore, based on guidelines and a review of the evidence, the request for Ultrasound guided corticosteroid injection to the right shoulder is not medically necessary.

**Home health care for ADL's 24/7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of shoulder/upper arm sprain/strain and knee/leg sprain/strain. However, given documentation of a request for Home health care for ADL's 24/7, there is no documentation that the patient requires recommended medical treatment; the patient is homebound on a part-time or intermittent basis; and no more

than 35 hours per week. Therefore, based on guidelines and a review of the evidence, the request for Home health care for ADL's 24/7 is not medically necessary.

**Ultrasound guided corticosteroid injection to the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injections Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following: (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; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>)); failure of conservative treatment (exercise, NSAIDs or acetaminophen); 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; and The number of injections should be limited to three, as criteria necessary to support the medical necessity of corticosteroid injections to the knee. In addition, the guidelines identify that Ultrasound guidance for knee joint injections is not generally necessary. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of shoulder/upper arm sprain/strain and knee/leg sprain/strain. In addition, given documentation of knee pain and that patient has difficulty in carrying groceries, pushing grocery carts, and gets up from chair slowly, there is documentation that knee pain interferes with functional activities (ambulation and prolonged standing). Furthermore, there is documentation of the following (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; and Over 50 years of age); and failure of conservative treatment (exercise and NSAIDs). However, given documentation of an associated request for corticosteroid injection to the right shoulder for right shoulder pain, and a diagnosis of shoulder/upper arm sprain/strain, there is no (clear) documentation that knee pain is not attributed to other forms of joint disease. In addition, there is no documentation of additional findings (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/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>). Furthermore, despite documentation of

previous knee injection, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous knee injection. Therefore, based on guidelines and a review of the evidence, the request for Ultrasound guided corticosteroid injection to the right knee is not medically necessary.