MAXIMUS Federal Services

Case Number:	CM14-0210138		
Date Assigned:	12/23/2014	Date of Injury:	07/03/2007
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 72-year-old female with a date of injury of 07/03/2007. According to progress report dated 11/04/2014, the patient presents with lateral knee, low back, and right hip pain. The patient has received 3 Hyalgan injections between 06/24/2014 and 09/09/2014. The patient's symptoms continue to increase with prolonged sitting and standing. She notes that since the injections and with the use of current medications, she is able to change positions with greater ease. Examination of the right knee revealed flexion is 125 degrees and extension is 0 degrees. She has positive right bowstring sign referring to the calf and positive heat and edema noted in the right anterior knee and popliteal space primarily in the medial joint side. The listed diagnoses are:1. Right chondromalacia.2. Lumbar disk injury.3. Right hip degenerative joint disease.4. Right knee degenerative joint disease with popliteal bursitis.The patient is currently working full-time. Treatment plan is for patient to continue with medications including Lidoderm 5% gel, Tylenol No. 2, and topical Solaraze 3%. Treating physician also recommended ultrasound-guided right knee corticosteroid injection to help decrease inflammation and allow improvement in walking ability. The utilization review denied the request on 12/05/2014. Treatment reports from 02/05/2013 to 11/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injection to the right popliteal bursa of 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, Treatment, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

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

Decision rationale: This patient presents with chronic right knee pain with popliteal bursitis. The current request is for a corticosteroid injection to the right popliteal bursa of the knee. ODG Guidelines, Knee & Leg (Acute & Chronic) chapter, Corticosteroid injections states: "ODG guidelines on cortisone injection for knee: Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intra articular glucocorticosteroid injections:- Documented symptomatic severe osteoarthritis of the knee- 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;" This patient suffers from right knee degenerative joint disease with popliteal bursitis, but the medical records provide no imaging that confirm "severe" arthritis to warrant cortisone injection for the knee. This request is not medically necessary.

Ultrasound guided injection; right popliteal bursa of 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, Treatment, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

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, Intra articular glucocorticosteroid injections

Decision rationale: This patient presents with continued right knee pain with popliteal bursitis. The current request is for ultrasound-guided injection, right popliteal bursa of the knee. ODG-TWC guidelines, Knee section online for Criteria for Intraarticular glucocorticosteroid injections states these injections are "Generally performed without fluoroscopic or ultrasound guidance." The ultrasound guidance is not in accordance with ODG-TWC guidelines. The request is not medical necessary.