

Case Number:	CM14-0050557		
Date Assigned:	06/25/2014	Date of Injury:	09/20/2011
Decision Date:	03/17/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 71 year old female, who sustained an industrial injury on 9/20/2011 resulting from a slip and fall. The diagnoses have included osteoarthritis of the left knee. Treatment to date has included medications, cortisone injections, viscosupplementation and physical therapy. The 4/3/13 left knee MRI demonstrated grade 4 tricompartmental osteoarthritis with degeneration of the medial meniscus. Undated radiographs of the left knee showed neutral alignment with loss of medial compartment joint space with small peripheral osteophytes. There was peaking of the intercondylar spine and osteophytes at the patellofemoral articulation with loss of cartilage space. Currently, the IW complains of left knee pain. She reported difficulty with stairs and inability to kneel. Objective findings included a slight effusion on the left. There is decreased patellar mobility with definite patellofemoral tenderness. There is patellofemoral crepitus with range of motion testing. She is tender about the patella and medial joint line. Pain is worse with knee flexion. On 3/11/2014, Utilization Review non-certified a request for cortisone injection with Lidocaine and Kenalog for the left knee noting that the clinical findings do not support the medical necessity of the treatment in a patient who is a candidate for total knee replacement. The ACOEM Guidelines and ODG were cited. On 3/24/2014, the injured worker submitted an application for IMR for review of cortisone injection with Lidocaine and Kenalog for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with Lidocaine and Kenalog, left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg, Corticosteroid Injections (updated 1/20/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Knee and Leg: Corticosteroid injections

Decision rationale: The California MTUS guidelines indicate that repeat corticosteroid injections for the knee are optional. The Official Disability Guidelines recommend corticosteroid injection for patients with documented symptomatic severe osteoarthritis of the knee corroborated by clinical exam findings. Guidelines state that a repeat corticosteroid injections may be an option if there is several weeks of temporary, partial resolution of symptoms, and then worsening pain and function. Guidelines 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. Guideline criteria have been met. This patient presents with persistent left knee function-limiting pain. Clinical exam findings are consistent with imaging evidence of significant tricompartmental osteoarthritis. The patient has had previous corticosteroid injections with good temporary relief of symptoms for several weeks, following by return of symptoms. The patient is reported a candidate for total knee replacement and desires to delay this surgery. Guidelines support the use of corticosteroid injections intended for short term control of symptoms to delay total knee arthroplasty. Therefore, this request for cortisone injection with Lidocaine and Kenalog for the left knee is medically necessary.