

<b>Case Number:</b>	CM14-0090119		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 64 year old female, who sustained an industrial injury on 7/30/12. She has reported initial complaints of left knee pain. The diagnoses have included left knee degenerative joint disease (DJD). Treatment to date has included medications, activity modifications, off work, diagnostics, transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 5/20/14, the injured worker complains of left knee pain rated 8/10 on pain scale and described as moderate to severe, frequent, dull, sharp, weakness, aching, sore pain. She complains of left knee popping, locking and giving way. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee dated 10/27/14 which reveals joint effusion, bursitis, tear of the posterior horn and body of the medial meniscus with pseudoextrusion of the medial meniscus, tear of the lateral meniscus, moderate to high grade chondromalacia of the medial compartment and tricompartmental osteoarthritic changes with chondromalacia of the patellae. The report of this study was not noted. The objective findings reveal tenderness to palpation at the medial/lateral joint line and peripatellar are. The left knee reveals positive crepitus, positive patellar grind and positive McMurray sign. The physician requested treatment included 1 left knee intraarticular cortisone injection under ultrasound guidance due to continued pain in the left knee and positive clinical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left knee intraarticular cortisone injection, under ultrasound guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Knee: Table 2, Summary of recommendations, Knee Disorders>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Cortisone injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one left knee intra-articular cortisone injection under ultrasound guidance is not medically necessary. Corticosteroid injections are recommended for short-term use only. Criteria include documented symptomatic severe osteoarthritis of the knee, which requires knee pain, and at least five of the following: bony enlargement, only tenderness, crepitus, elevated ESR, less than 30 minutes morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 and clear synovial fluid. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to aspirate for fluid; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are largely illegible, but include left knee sprain strain; cervical-trapezius spine sprain strain. The remainder of the diagnoses is illegible. Subjectively, according to a May 20, 2014 progress note the injured worker complains of left knee pain weakness, popping and locking. Objectively, there is tenderness to palpation with crepitus and patella grind. Ultrasound guidance for knee joint injections is not generally necessary. There is no compelling clinical documentation indicating ultrasound guidance is required. There is no documentation the treating provider was unable to aspirate fluid on a prior occasion, or morbid obesity prohibits the ability to inject the knee. Consequently, absent guideline recommendations for ultrasound guidance, one left knee intra-articular cortisone injection under ultrasound guidance is not medically necessary.