

<b>Case Number:</b>	CM15-0000651		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 & Rehabilitation

### 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 48 year old female, who sustained an industrial injury on 6/25/2012. The diagnoses have included right knee chondromalacia, status post lateral meniscectomy. Past medical history included hypertension. Treatment to date has included physical therapy, medications and surgical intervention. Per the PR2 from 11/12/2014, the injured worker complained of persistent pain about her right knee. She reported problems with stairs, with initial weight bearing after sitting, with kneeling and upon rising from kneeling. Objective findings revealed mild limp right lower extremity and mild swelling right knee consistent with popliteal cyst per magnetic resonance imaging (MRI). Work status was temporarily totally disabled. Per the orthopedic progress report from 11/19/2014, the injured worker presented for follow-up evaluation of right knee pain. The injured worker state that range of motion had increased. She tried to exercise at home. The injured worker stated that pain was managed with her current medications. She complained of difficulty sleeping, muscle pain and cramps. Physical exam revealed tenderness and swelling in the right knee. Right knee x-ray showed degenerative joint disease of the medial compartment; osteophytes and joint narrowing in the medial compartment. Injection of the affected area was recommended, but was refused by the injured worker. The treating provider is requesting authorization for follow-up of the injured worker's right knee and cortisone injection. On 12/4/2014 Utilization Review non-certified a request for a Cortisone injection, noting that there was no documentation of symptomatic severe osteoarthritis of the left knee upon physical examination or evidence of a significant functional limitation. The MTUS, ACOEM Guidelines and ODG were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Corticosteroid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Corticosteroid injections

**Decision rationale:** The patient is a 48 year old female with an injury date of 08/25/12. Per the 11/19/14 report the patient presents with right knee pain with diffuse swelling and a diagnosis of Chondromalacia s/p lateral meniscectomy of unknown date. The current request is for CORTISONE INJECTION. The RFA of 11/25/14 states this request is for chondromalacia. The patient is to return to modified work for 4 weeks as of 11/12/14. ODG, Knee & Leg Chapter, Corticosteroid injections, states, "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 Intraarticular glucocorticosteroid injections requires knee pain and at least five of the following: 1. Bony enlargement; 2. Bony Tenderness; 3. Crepitus; 4. ESR less than 400 mm/hr; 5. Less than 30 minutes of morning stiffness; 6. No palpable warmth of synovium; 7. Over 50 years of age; 8. Rheumatoid factor less than 1:40 titer; 9. Synovial fluid signs, clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup> as well as not controlled by conservative treatments; Pain interferes with activities; intended for short term or to delay TKA. The 10/22/14 AME report states the patient is a possible candidate for right knee TKA. The 11/12/14 report cites an x-ray showing medial joint compartment osteoarthritis. The reports also show the patient has failed conservative treatment and the patient's function is limited. However, at least 5 criteria as required by guidelines are not documented. In this case, the request IS NOT medically necessary.