

Case Number:	CM15-0114219		
Date Assigned:	06/22/2015	Date of Injury:	01/17/1990
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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:

This 63-year-old female sustained an industrial injury to bilateral knees on 1/17/90. Recent treatment included hinged knee braces, injections, muscle stimulator, physical therapy, supportive shoes, cane and medications. In a progress noted dated 5/14/15, the injured worker complained of ongoing pain to bilateral knees, rated 8-10/10 on the visual analog scale. The injured worker reported a sensation of instability with intermittent buckling. The injured worker was awaiting bilateral knee total arthroplasty. Physical exam was remarkable for bilateral knees with no effusion, full range of motion with crepitus, pain with manipulations without significant laxity and intact neurovascular exam. Current diagnoses included bilateral knee degenerative disc disease joint disease with chronic pain and disability. The treatment plan included medications (meloxicam, Ambien and Neurontin), hinged knee braces as needed and corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone shots in the knees, two visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure summary.

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

Decision rationale: The patient was injured on 01/17/90 and presents with bilateral knee pain. The request is for CORTISONE SHOTS IN THE KNESS, TWO VISITS. The utilization review denial rationale is that "there is limited evidence that the current pain symptoms affect the claimant's current function given that the patient is able to perform full duties." The RFA is dated 05/21/15 and the patient is on full duty as of the 05/14/15 treatment report. The 03/13/14 report states that the patient's "latest corticosteroid injections [were] helpful temporarily (R lasted 2-3 months, L only a week)." There is no indication of when this injection occurred. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under 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: 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... 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. The number of injections should be limited to three." The patient ambulates with an antalgic gait, has crepitus, has pain with squat, and has valgus deformity. The 05/14/15 report states that the patient is diagnosed with osteoarthritis of the bilateral knees and bilateral knee degenerative joint disease. The 07/01/13 x-ray of the left knee revealed severe patellofemoral osteoarthritis and mild to moderate osteoarthritis of the medial and lateral joint spaces. Treatment to date includes hinged knee braces, injections, muscle stimulator, physical therapy, supportive shoes, cane, and medications. The 03/13/14 report states that the patient's "latest corticosteroid injections [were] helpful temporarily." ODG guidelines allow up to 3 cortisone injections for patients with osteoarthritis, which this patient presents with. In addition, the reports show that the patient has failed conservative treatment. Therefore, the request IS medically necessary.