

<b>Case Number:</b>	CM15-0116420		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/15/1996
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Preventive Medicine, Occupational 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 70 year old female, who sustained an industrial injury on 04/15/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left knee implant loosening status post revision of total knee arthroplasty, left knee recurrent implant mechanical complication, chronic, severe left knee pes anserinus bursitis, and possible left knee implant infection. Treatment and diagnostic studies to date has included three phase bone scan, laboratory studies, medication regimen, x-rays of the left knee, left lower extremity duplex venous ultrasound, physical therapy, home exercise program, use of ice, status post revision left knee total knee arthroplasty, multiple corticosteroid injections to the left knee, and use of a cane or walker. In a progress note dated 04/20/2015 the treating physician reports complaints of moderate to severe left knee pain along with complaints of right knee pain. Examination reveals a considerable antalgic gait, moderate tenderness to the pes anserinus bursa and tendons, and minimal swelling to the left leg and ankle. The treating physician requested a retrospective left knee injection with Depo-Medrol and Xylocaine 1% 5ml performed on 4/20/15, but the documentation provided did not indicate the specific reason for the requested treatment. The treating physician did note that the injured worker received the injection to the pes anserinus / tibial bursa and had noted dullness to the prior painful region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for left knee injection with Depo-Medrol and Xylocaine 1% 5ml preformed on 4/20/15: Upheld**

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

**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), Corticosteroid injections.

**Decision rationale:** The Official Disability Guidelines recommend corticosteroid injections into the knee for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The patient must have documented symptomatic severe osteoarthritis of the knee, and at least 5 of 9 criteria specified by any American College of Rheumatology. The medical record is lacking in documentation of the required criteria. Retrospective request for left knee injection with Depo-Medrol and Xylocaine 1% 5ml preformed on 4/20/15 is not medically necessary.