

Case Number:	CM15-0126823		
Date Assigned:	07/13/2015	Date of Injury:	01/01/2005
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 71-year-old female patient who sustained an industrial injury to the neck, shoulder, and right knee on 1/1/05. Current diagnoses included cervical spine degenerative disc disease, disorders of bursae and tendons in shoulder region, lumbar spine spondylosis without myelopathy, cervicgia and enthesopathy of hip region. Per a PR-2 dated 5/28/15, she had complaints of right knee pain after "tweaking" her knee on 5/21/15, as well as left greater trochanter pain. Physical examination revealed right knee with tenderness to palpation, swelling, redness and positive Piple's test. The medications list includes Celebrex, Norco, gralise and Cyclobenzaprine. Previous treatment included injections and medications. The treatment plan included magnetic resonance imaging right knee, right knee brace, right intra-articular joint kit and continuing medications (Celebrex, Norco, Gralise and Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-Articular joint kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Chapter: Knee & Leg (updated 07/10/15)Corticosteroid injections.

Decision rationale: Intra-Articular joint kit. Intra articular joint kit contains ammonia, lidocaine hydrochloride anhydrous, triamcinolone acetonide and povidone-iodine. Triamcinolone is a corticosteroid. As per the ACOEM guidelines, "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated." In addition per the ODG, "Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 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 (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); 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; Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance; Absence of synovitis, presence of effusion preferred (not required)....." Response to conservative therapy including physical therapy visits for the right knee is not specified in the records provided. Evidence of documented symptomatic severe osteoarthritis of the knee is not specified in the records provided. The medical necessity of Intra articular joint kit is not medically necessary for this patient.