

<b>Case Number:</b>	CM15-0027061		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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:

The injured worker is a 55 year old female who sustained an industrial injury on 12/12/2014. Current diagnoses include mechanical lower back pain and bilateral lower extremity radiculopathy, left knee medial collateral ligament sprain, and left knee internal derangement. Previous treatments included medication management, knee brace, and activity modification. Report dated 01/19/2015 noted that the injured worker presented with complaints that included left knee and low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/28/2015 non-certified a prescription for left knee ultrasound guided cortisone injection, based on the clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Ultrasound Guided Cortisone Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

<http://www.nlm.nih.gov/medlineplus/ency/article/003775.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter regarding corticoid injection.

**Decision rationale:** This patient presents with left knee pain. The current request is for left knee ultrasound-guided cortisone injection. The ODG Guidelines under the knee and leg chapter regarding corticoid injection states: recommended for short-term use only. Intraarticular corticosteroid injection results in clinically and statically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for intraarticular glucocorticosteroid injection; documented significant severe osteoarthritis of the knee, not controlled adequately by recommended conservative treatments (exercise, NSAID, or acetaminophen), pain interferes with functional activities (i.e. ambulation, prolonged standing) and not attributed to other forms of joint disease. This patient has a date of injury of 12/12/2014. According to progress report dated 01/19/2015, the patient presents with decreased tenderness over the medial collateral ligament and mild pain on terminal flexion. The treating physician states that x-rays and physical therapy of the left knee have been approved and will now be scheduled. Treatment plan included ultrasound-guided evaluation and ultrasound-guided injection into the left knee. Treatment to date has included medication, activity modification, and knee brace. This patient presents with left knee pain, but the medical records provide no imaging that confirmed "severe arthritis" to warrant cortisone injection at this time. ODG recommends a trial of these injections for patients that have significant osteoarthritic knee pain. Given the lack of imaging or clinical verification of severe osteoarthritis, recommendation for the cortisone injection cannot be made. This request is not medically necessary.