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| Case Number: | CM15-0039605 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 03/23/2010 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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 42 year old male, who sustained an industrial injury on 3/23/10. The injured worker has complaints of left knee pain that is described as sharp and aching and associated with stiffness and weakness. The diagnoses have included knee joint, painful movement and long-term use of other medications. Treatment to date has included physical therapy for 2 X 6 weeks with no relief; massage therapy; cortisone injections; chiropractic and medications. Left knee X-ray 2011 impression noted no bone or joint abnormality noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee injection with ultrasound guidance: 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, Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg

(Acute & Chronic) Chapter, under Corticosteroid injections Knee Chapter under Criteria for Intraarticular glucocorticosteroid injections.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with left knee pain rated 6-10/10. The request is for LEFT KNEE INJECTION WITH ULTRASOUND GUIDANCE. Patient's diagnosis per Request for Authorization Form dated 01/30/15 includes patellofemoral pain, knee joint painful on movement. Physical examination to the left knee on 01/27/15 revealed patellar and ankle reflexes of 2/4. Treatment to date has included physical therapy for 2 X 6 weeks with no relief, chiropractic, massage therapy, cortisone and orthovisc injections, and medications. Patient's medications include Celebrex, Lisinopril, Atorvastatin, Hydrochlorothiazide, Alprazolam, Testosterone, Medrox ointment and Lipman (anti-inflammatory) compound pain cream. Work status not available. ACOEM chapter 13, Knee, page 339 states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection. 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." ODG-TWC, Knee Chapter under Criteria for Intra-articular glucocorticosteroid injections states these injections are "Generally performed without fluoroscopic or ultrasound guidance." Treater has not provided reason for the request. In this case, medical records provide no imaging that confirmed "severe arthritis" to warrant cortisone injection at this time. X-ray of the left knee 2013, per treater report dated 01/27/15 revealed "no bone or joint abnormality noted; medial and lateral compartments unremarkable. On the lateral view, the patellofemoral joint normal and on the sunrise view the patellofemoral joint is normal." ODG recommends a trial of these injections for patients that have significant osteoarthritic knee pain. It appears patient has had previous injections, but treater has not documented when they were done, to which knee and with what response. Furthermore, ODG also states that "In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary." The request lacks documentation and is not in accordance with guideline indications. Therefore, this request IS NOT medically necessary.

Compound anti-inflammatory cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications Page(s): 111-113, 60.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with left knee pain rated 6-10/10. The request is for COMPOUND ANTI-INFLAMMATORY CREAM. Patient's diagnosis per Request for Authorization Form dated 01/30/15 includes patellofemoral pain, knee joint painful on movement. Physical examination to the left knee on 01/27/15 revealed patellar and ankle reflex 2/4. Treatment to date has included physical therapy for 2 X 6 weeks with no relief, chiropractic, massage therapy, cortisone and orthovisc injections, and medications. Patient's medications include Celebrex, Lisinopril, Atorvastatin, Hydrochlorothiazide, Alprazolam, Testosterone, Medrox ointment and Lipman (anti-inflammatory) compound pain cream. Work status has not been available. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Treater has not provided reason for the request. The patient presents with knee pain, however there is no documentation of peripheral joint arthritis/tendinitis, for which NSAID topical would be indicated. X-ray of the left knee 2013, per treater report dated 01/27/15 revealed "no bone or joint abnormality noted; medial and lateral compartments unremarkable. On the lateral view, the patellofemoral joint normal and on the sunrise view the patellofemoral joint is normal." Also, according to guidelines, NSAID topical cream has diminishing effects lasting less than 4 weeks. Furthermore, MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.