MAXIMUS Federal Services

Case Number:	CM15-0063233		
Date Assigned:	04/09/2015	Date of Injury:	10/20/2010
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 60-year-old female injured worker suffered an industrial injury on 10/20/2010. The diagnoses included chondromalacia of the patella. The injured worker had been treated with medications. On 1/26/2015, the treating provider reported the right knee is locking up and painful and ended up in the emergency due to not being able to bear weight. The knee is swollen and mildly warm to touch. The treatment plan included right knee injection with Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right knee injection, 5.0cc of 20 percent Lidocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ODG, Knee & Leg, Corticosteroid Injections.

Decision rationale: The guidelines are silent on lidocaine injections.Per the ACOEM guidelines, corticosteroids carry an optional recommendation. Per the ODG guidelines: 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). Aspiration of effusions preferred (not required). 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. As the documentation did not contain evidence of severe osteoarthritis, knee injection was not medically necessary.