

<b>Case Number:</b>	CM15-0074094		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/15/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New Jersey

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 02/15/2014. She has reported injury to the right knee and left shoulder. The diagnoses have included right knee lateral meniscal tear; right knee medial meniscal tear; and left shoulder rotator cuff syndrome. Treatment to date has included medications, diagnostics, bracing, therapeutic exercises, physical therapy, and surgical intervention. The injured worker underwent partial medial meniscectomy, partial lateral meniscectomy, and shaving chondroplasty of the patella, right knee, on 01/05/2015. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in the right knee; and improving pain in the left shoulder. Objective findings included tenderness to palpation of the right knee with swelling and decreased range of motion; and no tenderness to the left shoulder with increased range of motion. The treatment plan has included the request for cortisone injection under ultrasound guidance to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection under ultrasound guidance to the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG, Knee and leg section, Corticosteroid injections.

**Decision rationale:** The MTUS ACOEM Guidelines state that knee corticosteroid injections are not routinely indicated. The ODG, however, provides more criteria for their consideration for certain situations. The ODG states that corticosteroid injections in the knee joint are 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. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three, total per knee joint. The short term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed, however. The criteria for corticosteroid injections to the knee include 1. Documented symptomatic severe osteoarthritis, 2. Not controlled adequately by conservative treatments (exercise, NSAIDs, acetaminophen), 3. Pain interferes with functional activities and not attributed to other forms of joint disease, 4. Intended for short-term control to resume conservative medical management or to delay total knee replacement. 5. Generally performed without fluoroscopic or ultrasound guidance, 6. Absence of synovitis 7. Aspiration of effusions preferred (not required), 8. Only one injection should be scheduled to start, 9. Second injection is not recommended if the first resulted in complete resolution of symptoms or if there was no response, 10, with several weeks of temporary partial resolution of symptoms and then worsening pain and function a repeat steroid injection may be an option, and 11. Number of injections should be limited to three total per joint. In the case of this worker, there was insufficient evidence of the diagnosis of severe osteoarthritis of the right knee to warrant steroid injection to the joint space. Also, it is not required to use ultrasound to correctly identify the joint space and correct placement should be easily identified by physical examination alone. Therefore, considering the above reasons, the request for the injection is medically unnecessary.