

Case Number:	CM15-0097389		
Date Assigned:	05/28/2015	Date of Injury:	01/21/2005
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 46 year old female, who sustained an industrial injury on 1/21/05. The diagnoses have included chondromalacia patella bilaterally, bilateral knee arthritis, status post right rotator cuff repair, right shoulder biceps tendinitis, left Achilles tendinosis, and bilateral knee pain. She has history of diabetes and hypertension. Treatment to date has included medications, rest, ice, diagnostics, multiple surgeries, physical therapy, aquatic therapy, therawrap, bracing, psychiatric, and home exercise program (HEP). Currently, as per the physician progress note dated 4/30/15, the injured worker complains of ongoing right shoulder pain, bilateral knee pain and left Achilles pain. She reports falling at home the previous week with pain to the right shoulder and left knee. She reports ongoing issues with the left knee giving out, losing her balance and falling. She states that when she fell she grabbed a chair with the right arm and had pain in the right shoulder and upper extremities. She also reports increased left knee pain and swelling. She states that she took her pain medication with little relief. She continues with chronic right shoulder pain and requires surgery. She continues to experience left Achilles pain and bilateral knee pain. The physician notes that the aquatic therapy was most effective for her. He also noted that the injured worker is obese and land based exercise aggravates the knee and ankle conditions. The diagnostic testing that was performed included x-rays of the left knee and shoulder. The current medications included Trazodone, Humulin, Atacand, Clonazepam, Diazepam, Lisinopril, Lovastatin, Methadone, Venlafaxine, Furosemide and Norco. The objective findings reveal she uses a cane and walks with antalgic gait. The right shoulder exam reveals flexion and abduction are only 90 degrees. She externally rotates 70

degrees, internally rotates 60 degrees and extends 40 degrees with pain. The strength of the right girdle is 4/5 with pain in each direction. There is tenderness along the intertubercular sulcus with a positive speed and O'Brien. The right knee exam reveals minimal tenderness in all three compartments. The knee range of motion is 0-130 degrees with excellent quadriceps and hamstring strength. Treatment plan is to continue rest and ice to, anti-inflammatory and pain medications, therawrap for the knees, continue braces to bilateral ankles, bilateral hinge braces and follow up in 3-4 weeks. The physician requested treatments included right knee steroid injection with Kenalog, Lidocaine, and Marcaine under ultrasound guidance, right shoulder steroid injection under ultrasound guidance and x-rays of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee steroid injection with Kenalog, Lidocaine, and Marcaine under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Corticosteroid injection.

Decision rationale: Pursuant to the Official Disability Guidelines, one right knee steroid injection with Kenalog/lidocaine and Marcaine under ultrasound guidance is not medically necessary. Corticosteroid injections are recommended for short-term use only. Criteria include documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least five of the following: bony enlargement, only tenderness, crepitus, elevated ESR, less than 30 minutes morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 and clear synovial fluid. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to ask for a fluid; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are chondromalacia patella bilateral; bilaterally arthritis; status post right rotator cuff tear; long head biceps tendinitis right shoulder; Achilles tendinosis; and bilateral knee pain. According to an April 30, 2015 progress note the treating provider requesting authorization for steroid injection to the right shoulder and right knee under ultrasound guidance. The documentation indicates the injured worker has had several x-rays of the shoulder and knee. The interpretation states x-rays today show "no changes as compared to previous films". Objectively, the right knee examination shows minimal tenderness in all three compartments. There is no laxity or instability. Range of motion is zero 130. The injured worker is 46 years old. The guidelines recommend over the age of 50 for cortisone injections. There is no documentation of bony enlargement, crepitus, elevated ESR or morning stiffness. Additionally, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance is not recommended. Consequently, absent clinical

documentation meeting the guidelines for cortisone injection and guideline on recommendations for ultrasound guidance, one right knee steroid injection with Kenalog/Lidocaine and Marcaine under ultrasound guidance is not medically necessary.

1 right shoulder steroid injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Corticosteroid injection, Ultrasound guidance.

Decision rationale: Pursuant to the Official Disability Guidelines, one right shoulder steroid injection under ultrasound guidance is not medically necessary. Steroid injections to the shoulder are recommended according to the criteria in the official disability guidelines. A diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (PT, nonsteroidal anti-inflammatories), after at least three months; pain interferes with functional activities; generally performed without fluoroscopy or ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first resulted in complete resolution of symptoms or no response; and the number of injections should be limited to three. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. In this case, the injured worker's working diagnoses are chondromalacia patella bilateral; bilaterally arthritis; status post right rotator cuff tear; long head biceps tendinitis right shoulder; Achilles tendinosis; and bilateral knee pain. According to an April 30, 2015 progress note the treating provider requesting authorization for steroid injection to the right shoulder and right knee under ultrasound guidance. The documentation indicates the injured worker has had several x-rays of the shoulder and knee. The interpretation states x-rays today show "no changes as compared to previous films". Objectively, the worker is able to flex and abducted to 90. Eczema rotation is 70 and internal rotation 60. Strength is 4/5 with pain in each direction. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. As a result, ultrasound guidance for the administration of a cortisone injection is not recommended. Consequently, absent guideline recommendations for cortisone injection under ultrasound guidance, one right shoulder steroid injection under ultrasound guidance is not medically necessary.

1 x-rays of the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, one x-rays of the right shoulder is not medically necessary. Indications for plain radiographs include acute shoulder trauma, left fracture or dislocation; and acute shoulder trauma, questionable bursitis, blood calcium/approximately 3 months duration, first study. In this case, the injured worker's working diagnoses are chondromalacia patella bilateral; bilaterally arthritis; status post right rotator cuff tear; long head biceps tendinitis right shoulder; Achilles tendinosis; and bilateral knee pain. According to an April 30, 2015 progress note the treating provider requesting authorization for steroid injection to the right shoulder and right knee under ultrasound guidance. The documentation indicates the injured worker has had several x-rays of the shoulder and knee. The interpretation states x-rays today show "no changes as compared to previous films". The documentation is unclear as to the number of shoulder x-rays the injured worker received based on the ongoing progress note documentation. Consequently, absent clinical documentation with a specific clinical indication or rationale for a repeat right shoulder x-ray in conjunction with an unspecified number of prior x-rays (see documentation above), one x-ray of the right shoulder is not medically necessary.