

<b>Case Number:</b>	CM14-0063188		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/21/2005
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 63 year old female, who sustained an industrial injury on 3/21/05. She reported right knee pain. Treatment to date has included x-ray, assistive device for ambulation, physical therapy, medications, surgical intervention, psychotherapy and home exercise program. Currently, the injured worker complains of severe left knee pain and difficulty walking. She rates the pain at 3/4 on the right and 3/4 on the left. The injured worker has an altered gait and she is using a cane to assist with ambulation. The injured worker is currently diagnosed with severe degenerative joint disease in the left knee and degenerative joint disease in the right knee. She is currently not working. A note dated 3/20/14 states a decreased range of motion in both knees. There is medial joint line tenderness and popping/crackling noted in both knees. A note dated 9/30/09 states the injured worker did not achieve therapeutic efficacy from the surgical intervention. A note dated 10/20/14 states the injured worker engaged in physical therapy, but documentation of efficacy was not included. Prospective requests for the following treatments; one steroid injection to the right knee, one steroid injection to the left knee, one prescription of ibuprofen 800 mg #100 and one x-ray AP of knees bilaterally standing is sought to help decrease/eliminate her pain and evaluate the status of her knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) steroid injection to the right knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections.

**Decision rationale:** The patient presents with pain in the bilateral knees, neck, back and right shoulder. The request is for a post-operative steroid injection to the right knee. There is no RFA provided and the patient's date of injury is 03/21/05. The diagnosis includes severe degenerative joint disease in the left knee and degenerative joint disease in the right knee, Rheumatoid arthritis. The patient is status post left knee total arthroplasty on 04/11/14 and status post right knee partial medial and lateral meniscectomy with post traumatic arthrosis, date unknown. Per 03/20/14 report, physical examination revealed medial joint line tenderness and popping in the bilateral knees with decreased range of motion. X-ray of the bilateral knees shows bone on bone compartment is 3mm over 3mm and patellofemoral compartment is 2mm over 2mm. The patient has tricompartmental post-traumatic arthritis. The patient utilizes a walking cane and has an antalgic gait. Treatment to date has included x-ray, assistive device for ambulation, physical therapy, medications, surgical intervention, psychotherapy and home exercise program. Medications include Methylprednisolone, Ibuprofen, Prilosec and Xanax. The patient is permanent and stationary. 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. Per 03/12/14 report, treater states, "Today, I felt the patient would benefit from injections of cortisone just to quiet down her knees and so we called the claim adjuster, but it was not approved. At this time, it is my opinion that the patient needs total knee replacement on both knees." In this case, the patient has tried and failed an NSAID, physical therapy and surgical intervention. There is presence of rheumatoid arthritis that is corroborated by radiograph image studies. It appears the request is within ODG guidelines criteria and therefore, IS medically necessary.

**Prospective request for one (1) steroid injection to the left knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections.

**Decision rationale:** The patient presents with pain in the bilateral knees, neck, back and right shoulder. The request is for a post-operative steroid injection to the left knee. There is no RFA provided and the patient's date of injury is 03/21/05. The diagnosis includes severe degenerative joint disease in the left knee and degenerative joint disease in the right knee, Rheumatoid arthritis. The patient is status post left knee total arthroplasty on 04/11/14 and status post right knee partial medial and lateral meniscectomy with post traumatic arthrosis, date unknown. Per 03/20/14 report, physical examination revealed medial joint line tenderness and popping in the bilateral knees with decreased range of motion. X-ray of the bilateral knees shows bone on bone compartment is 3mm over 3mm and patellofemoral compartment is 2mm over 2mm. The patient has tricompartmental post-traumatic arthritis. The patient utilizes a walking cane and has an antalgic gait. Treatment to date has included x-ray, assistive device for ambulation, physical therapy, medications, surgical intervention, psychotherapy and home exercise program. Medications include Methylprednisolone, Ibuprofen, Prilosec and Xanax. The patient is permanent and stationary. 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." Per 03/12/14 report, treater states, "Today, I felt the patient would benefit from injections of cortisone just to quiet down her knees and so we called the claim adjuster, but it was not approved. At this time, it is my opinion that the patient needs total knee replacement on both knees." In this case, the patient has tried and failed an NSAID, physical therapy and surgical intervention. There is presence of rheumatoid arthritis that is corroborated by radiograph image studies. It appears the request is within ODG guidelines criteria and therefore, IS medically necessary.

**Prospective request for one (1) prescription of Ibuprofen 800 mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with pain in the bilateral knees, neck, back and right shoulder. The request is for Ibuprofen 800 mg #100. There is no RFA provided and the patient's

date of injury is 03/21/05. The diagnosis includes severe degenerative joint disease in the left knee and degenerative joint disease in the right knee, Rheumatoid arthritis. The patient is status post left knee total arthroplasty on 04/11/14 and status post right knee partial medial and lateral meniscectomy with post traumatic arthrosis, date unknown. Per 03/20/14 report, physical examination revealed medial joint line tenderness and popping in the bilateral knees with decreased range of motion. X-ray of the bilateral knees shows bone on bone compartment is 3mm over 3mm and patellofemoral compartment is 2mm over 2mm. The patient has tricompartmental post-traumatic arthritis. The patient utilizes a walking cane and has an antalgic gait. Treatment to date has included x-ray, assistive device for ambulation, physical therapy, medications, surgical intervention, psychotherapy and home exercise program. Medications include Methylprednisolone, Ibuprofen, Prilosec and Xanax. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per 03/20/14 report, the treater dispensed Ibuprofen to the patient for pain and inflammation. After review of the submitted medical records, it appears the patient has been prescribed Ibuprofen at least since 12/04/13. Additionally, the patient was also utilizing Norco until the 03/20/14 progress note. However, it is unknown if the Ibuprofen helped allow the patient to discontinue the opioid medication. Although NSAID's are considered a first-line treatment to reduce pain and provide functional restoration, there is no discussion in the provided reports ibuprofen providing any functional benefit. Given the lack of documentation, the retrospective request cannot be substantiated and therefore, IS NOT medically necessary.

**Prospective request for one (1) X-ray of both knees standing AP:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, under X-ray.

**Decision rationale:** The patient presents with pain in the bilateral knees, neck, back and right shoulder. The request is for Ibuprofen 800 mg #100. There is no RFA provided and the patient's date of injury is 03/21/05. The diagnosis includes severe degenerative joint disease in the left knee and degenerative joint disease in the right knee, Rheumatoid arthritis. The patient is status post left knee total arthroplasty on 04/11/14 and status post right knee partial medial and lateral meniscectomy with post traumatic arthrosis, date unknown. Per 03/20/14 report, physical examination revealed medial joint line tenderness and popping in the bilateral knees with decreased range of motion. X-ray of the bilateral knees shows bone on bone compartment is 3mm over 3mm and patellofemoral compartment is 2mm over 2mm. The patient has

tricompartamental post-traumatic arthritis. The patient utilizes a walking cane and has an antalgic gait. Treatment to date has included x-ray, assistive device for ambulation, physical therapy, medications, surgical intervention, psychotherapy and home exercise program. Medications include Methylprednisolone, Ibuprofen, Prilosec and Xanax. The patient is permanent and stationary. ODG guidelines knee chapter, under X-ray states: "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age>55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In this case, the treater did not provide a rationale for this request. It appears this is a retrospective request, as the 03/12/14 report shows the findings of the standing X-ray of the bilateral knees. This is a 63 year old patient and the treater has stated in the 03/20/14 report that "she has difficulty getting up on an 8" step stool and therefore, stair climbing would be impossible for her." Given the patient's age, and persistent knee pain, standing X-rays of the knees appear medically reasonable to determine severity of arthritis. The request IS medically necessary.