

# CASEREVIEW

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:** April 6, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1 Right Knee Steroid Injection between 2/9/2015 and 4/11/2015

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agreed)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was injured on xx when she slipped and fell on ice in the parking lot. She suffered a right ACL tear and underwent 2 scopes, scar tissue removal and steroid injection of the right knee.

On August 27, 2014, an MRI of the right knee was approved during a Utilization Review.

On August 28, 2014, MRI of the Right Knee, Impression: 1. Thin ACL remains intact and some mucoid degeneration involving the proximal one half of the PCL remains intact. The collateral ligaments are normal. 2. There is some degenerative signal throughout the menisci with no evidence for definite meniscal tear yet patient motion artifact does degrade fine detail. 3. Probably physiologic joint fluid collection with no acute osseous abnormality. 4. Grade II and very mild patchy grade III chondromalacia along the medial and lateral femoral

compartments and a few subcortical erosions involve the medial facet of the patella.

On December 10, 2014, the claimant presented with continued right knee pain that was mild to moderate and aggravated by physical activity. On inspection of the right knee there was no deformity, no ecchymosis, no effusion or erythema, no significant swelling and normal alignment. The calf was soft and non-tender. On palpation there was tenderness of the anterior knee, medial and lateral joint lines. Flexion and extension were intact and there was pain and grinding with ROM. All ligaments appeared stable and there was no significant laxity noted. Strength was 5/5. There was a positive patella grind test, negative patella crepitus test, negative Lachman's test, negative McMurray's test, positive Thessaly test and positive squat test. Assessment: 1. Knee pain. 2. Osteoarthritis. 3. Chondromalacia. Plan: Pt has tried activity modification, Tylenol, NSAIDs, Tramadol, weight loss and steroid injections in the past. Preapproval for steroid injection and HA.

On December 23, 2014, the claimant presented with continued pain. There was no change in exam. Plan: Start Tramadol HCL Tablet 50 mg and start Mobic Tablet 15 mg. Continue to seek approval on injections.

On January 9, 2015, UR. Rationale for Denial: Based on ODG, knee injections of corticosteroids and hyaluronic acid are recommended for patients with documented symptomatic severe knee osteoarthritis. There is no recorded bony enlargement, bony tenderness, crepitus, ESR of less than 40 mm/hr, less than 30 minutes of morning stiffness, rheumatoid factor of less than 1:40 titer, and/or synovial fluid sign to justify the two requested injections. Any associated functional limitation attributed to right knee pain was not seen. The patient's specific response to prior conservative treatments was not documented. The xx-year-old patient's candidacy for total knee replacement was not explicitly stated. Based on these points, the medical necessity of this request cannot be validated at this time. Therefore, the request for 1 right knee steroid injection and 1 right knee Hyaluronic acid injection is noncertified.

On January 13, 2015, the claimant presented with continued anterior and posterior right knee pain, worse with activity or movement of the joint. She also had swelling of the right knee. Exam remained unchanged. Plan: She reported improved pain control since starting Tramadol and Mobic. Based on knee pain with ROM, inflammation and previous improvement with knee injection, a right knee injection was recommended.

On February 13, 2015, UR. Rationale for Denial: The Official Disability Guidelines indicate criteria for intra articular glucocorticosteroid injections require knee pain and at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate of less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, over 50 years of age, rheumatoid factor less than 1:40 titer, or synovial fluid signs. Other criteria are: not controlled adequately by conservative treatments, pain

interferes with functional activities, and not attributed to other forms of joint disease, absence of synovitis, presence of effusion preferred, aspiration of effusions preferred. The documentation submitted for review did not indicate any bony enlargement, tenderness, no patellar crepitus, and no documentation of morning stiffness. The patient stated that with the start of Mobic and Tramadol she had improved pain control. The request was previously denied due to a lack of documentation regarding bony enlargement, bony tenderness, crepitus, ESR of less than 40 mm/hr, less than 30 minutes of morning stiffness, rheumatoid factor of less than 1:40 titer, and/or synovial fluid sign to justify the requested injection. The documentation submitted for this review still does not provide information regarding the criteria for corticosteroid injection of the knee. Additionally, there was a lack of imaging which demonstrated significant, severe, osteoarthritis to the right knee. As such, the request remains non-certified at this time.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous adverse determinations are upheld. Although a steroid injection is very effective and gives significant long term relief in patients with severe arthritis, the records provided do not document enough to meet ODG criteria. The Official Disability Guidelines indicate criteria for intra articular glucocorticosteroid injections require knee pain and at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate of less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, over 50 years of age, rheumatoid factor less than 1:40 titer, or synovial fluid signs. Not all 5 criteria are met, therefore, the request for Right Knee Steroid Injection is not found to be medically necessary at this time.

#### **PER ODG:**

##### **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/mm<sup>3</sup>);
- 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.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**