

Case Number:	CM13-0048809		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2012
Decision Date:	07/08/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old woman who reported left knee and ankle pain after an injury on August 4, 2012. A left knee MRI showed a medial meniscal tear and osteoarthritis. She has been diagnosed with osteoarthritis, chondromalacia, a meniscus tear, and ankle pain. She has had surgeries on the left knee and ankle. She has attended months of physical therapy and has been prescribed medications. The treating physician requesting the injections first saw this injured worker on 7/19/13. Diagnoses were ankle and knee pain. Steroid injections were recommended. There was no discussion of prior tests, treatment, injections, or diagnoses beyond mention of the two surgeries. On October 1, 2013, there was increased left knee and ankle pain. There was tenderness in the left knee and ankle. The diagnoses were ankle and knee joint pain. The treatment plan included ultrasound-guided left knee and ankle injections. The contents of the injections were not mentioned. There was no mention of any prior injections. The 10/15/13 authorization request did not provide any additional information. On 10/29/13 the treating physician performed an ultrasound-guided injection of local anesthetic and corticosteroid to the left knee. On 10/24/13, Utilization Review non-certified an ultrasound-guided injection for the knee, noting a prior steroid injection on 7/19/13 and a recent authorization for hyaluronic acid injections. The treating physician reportedly agreed to the hyaluronic acid injections. An injection of the left talotibial joint under ultrasound was certified, noting the ongoing ankle pain and lack of clear etiology.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED LEFT KNEE INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 369-371. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee chapter, injections of steroid.

Decision rationale: The MTUS does not provide direction for knee injections beyond a recommendation against repeated steroid injections. The Official Disability Guidelines provide specific recommendations for steroid injections, including a list of criteria that is very detailed. The list includes such things as age, nature of the condition, results of prior injections, and many others. The treating physician did not identify the nature of the injection or the specific indication. No criteria were given for any specific kind of injection. Given the non-specific nature of this request, the lack of any specific diagnosis, the lack of any review of the past clinical information regarding the knee, the lack of discussion of test results, and the guideline recommendations, this knee injection is not medically necessary.