

Case Number:	CM13-0053111		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2013
Decision Date:	06/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery, 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:

The claimant is a 55-year-old gentleman injured on September 22, 2013. The medical records available for review include documentation of a November 15, 2013, visit with [REDACTED] during which the claimant reported continued complaints of left knee pain, for which a corticosteroid injection provided only mild relief. On physical examination, the claimant was noted to have 5 to 115 degrees range of motion with persistent complaints of pain and calf atrophy. Radiographs showed medial compartment, bone-on-bone articulation and patellofemoral osteophyte formation. A report of a January 10, 2013, MRI of the left knee showed articular cartilage loss of the trochlear cartilage and medial femoral condyle. Partial thickness tearing to the anterior cruciate ligament and full thickness cartilage loss to the medial compartment with osteophyte formation also were noted. Given failed treatment with conservative measures, a total joint arthroplasty of the left knee was recommended. This review addresses the request for that procedure, as well as requests for: a three-day post-operative inpatient stay; the use of a CPM machine post-operatively, DVT prophylaxis; a cold therapy unit; nine visits of in-home physical therapy; pre-operative laboratory studies, EKG and chest X-ray; pre-operative medical clearance; a bedside commode; front wheel walker; Prilosec; Tramadol; Lorcet; and, retrospectively, left-knee Kenalog/Lidocaine injection without ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND GUIDANCE FOR RETROSPECTIVE LEFT KNEE
KENALOG/LIDOCAINE INJECTION: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Corticosteroid injections

Decision rationale: The California ACOEM Guidelines would recommend the use of corticosteroid injections but do not specify the use of ultrasound guidelines. The Official Disability Guidelines do not recommend the use of ultrasound guidance for the injections because there is no clinical literature that indicates the use of ultrasound guidance improves functional outcomes. The use of ultrasound guidance has not yet proven to be supportive as common place practice of intraarticular knee injections. Therefore, the total request for retrospective request for left knee injection with ultrasound guidance cannot be recommended as medically necessary.

**OUTPATIENT PHYSICAL THERAPY, THREE TIMES PER WEEK FOR EIGHT
WEEKS (24 SESSIONS TOTAL):**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 24 sessions of outpatient physical therapy would not be indicated. At present, there is no clear indication for role of arthroplasty. Without documentation of support for surgery there indication for the 24 postoperative outpatient physical therapy visits.