

Case Number:	CM14-0006983		
Date Assigned:	02/07/2014	Date of Injury:	12/01/2011
Decision Date:	06/07/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Texas. 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 injured worker is a 38-year-old female who sustained an injury to her left knee on 12/11/11 when she was putting away products. The patient hit her left knee against the end of the metal roller. She felt immediate pain and swelling. The patient sought treatment from her primary care provider. Under his care, the patient received various pain medication regimens, bracing, and modified duty. She was referred to physical therapy (two visits) which caused a flare-up, so she did not return. The patient was sent to have an MRI of the left knee without contrast on 04/30/12. The patient has also had two injections with no benefit. A nerve block with ultrasound for the left knee has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE BLOCK WITH ULTRASOUND FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The medical records provided for review indicate that the injured worker has at least 2 cortisone injections to the left knee that provided no benefit. The ODG states that there must be documentation that pain has not been controlled adequately by recommended

conservative treatments (exercise, NSAIDs or acetaminophen). The injured worker completed 2 visits of physical therapy and was treated with injections. The ODG also states that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. Given the clinical documentation submitted for review, medical necessity of the request for nerve block with ultrasound for the left knee has not been established. The request is not medically necessary and appropriate.