

Case Number:	CM14-0015044		
Date Assigned:	03/05/2014	Date of Injury:	06/02/2011
Decision Date:	04/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

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. 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 patient is a 61-year-old male who sustained an unspecified injury on 06/02/2011. The patient was evaluated on 04/29/2013 for pain and instability to bilateral knees. The documentation submitted for review indicated the patient underwent an intra-articular injection of the Depo-Medrol and Marcaine for symptomatic relief, as well as for the swelling of his knee on that date. The patient was re-evaluated on 01/02/2014 for a follow-up of left knee. The physical examination noted the patient to have no swelling or edema present. The patient was noted to have an antalgic gait. The documentation submitted for review indicated the patient underwent an intra-articular ultrasound-guided injection of 80 mg of Depo-Medrol and Marcaine into the left knee without complication. The documentation submitted for review did not indicate the patient had pain or other signs to indicate the use of the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE, ULTRASOUND GUIDED INTRA-ARTICULAR LEFT KNEE STEROID INJECTION (DOS 1/2/14): Upheld

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337.

Decision rationale: The request for retrospective, ultrasound guided intra-articular left knee steroid injection is non-certified. Knee Complaints Chapter ACOEM Practice Guidelines, does not recommend the use of invasive techniques such as cortisone injections to be used routinely. The documentation submitted for review indicated the patient had a previous injection with good outcome. The documentation submitted for review did not indicate the patient had an exacerbation to include symptoms of pain, decreased range of motion, or swelling to indicate the use of second intra-articular steroid injection. Therefore, the use of the injection is unclear. Given the information submitted for review, the request for retrospective, ultrasound guided intra-articular left knee steroid injection is non-certified.