MAXIMUS Federal Services

Case Number:	CM14-0018405		
Date Assigned:	04/18/2014	Date of Injury:	02/13/2008
Decision Date:	08/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

The applicant is a represented [redacted] employee who has filed a claim for bilateral knee pain reportedly associated with an industrial injury of February 13, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim, including 86 sessions, per the claims administrator; a TENS unit; and extensive periods of time off of work. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for corticosteroid injections to the bilateral knees under ultrasound guidance, invoking non-MTUS ODG guidelines exclusively. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 25, 2013, difficult to follow, not entirely legible, the applicant was given prescriptions for Celexa, Desyrel, and BuSpar, and placed off of work, on total temporary disability. In a medical progress note dated February 6, 2013, the applicant was described as having ongoing complaints of low back, right shoulder, and bilateral knee pain. The applicant was described as tearful. The applicant was given a TENS unit replacement, knee sleeves, a cervical pillow, Naprosyn, Lidoderm, Vicodin, and Prilosec. The applicant was placed off of work, on total temporary disability, and asked to consult several providers in several specialties. On May 26, 2013, the applicant was again placed off of work, on total temporary disability, from a mental health perspective, while Celexa, BuSpar, and Desyrel were renewed. On November 26, 2013, authorization was sought for lumbar epidural steroid injection therapy. In a handwritten note dated January 10, 2014, difficult to follow, not entirely legible, the applicant presented with bilateral knee pain. The applicant was again described as off of work, on total temporary disability. The 7-9/10 multifocal pain was noted, primarily focused about the low back. Bilateral shoulder and bilateral knee corticosteroid injections were scheduled. The note was extremely

difficult to follow and employed preprinted checkboxes without any narrative commentary. It was not stated how many prior knee injections the applicant had had over the course of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED INJECTION TO THE BILATERAL KNEES X 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines; Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 339, invasive techniques such as the cortisone injections being proposed here are not routinely indicated. In this case, no rationale for the repeated or frequent corticosteroid injections was proffered in the face of the tepid to unfavorable ACOEM position on the same. It is not clear why three separate ultrasound-guided injections for each of the bilateral knees are being sought without any interval assessment of the applicant between injections to ensure functional improvement with each set of injections. The attending provider has not proffered any specific rationale for the ultrasound guidance component of the request, nor did the attending provider state why a series of three injections were needed or indicated for each knee. The documentation on file, as noted previously, was sparse, handwritten, difficult to follow, and employed preprinted checkboxes without providing much in the way of narrative commentary so as to augment the tepid to unfavorable ACOEM recommendation on the injections in question. Therefore, the request is not medically necessary.