

<b>Case Number:</b>	CM14-0113621		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 58-year-old female injured in work related accident 05/28/04. The medical records provided for review document a diagnosis of advanced degenerative joint disease of the bilateral knees. The office visit dated 06/10/14 showed continued complaints of pain and documented that the claimant was status post prior left knee arthroscopy with microfracture of the trochlear groove and lateral meniscectomy. Physical examination showed tenderness at the lateral joint line of the left knee with no effusion and full range of motion. The right knee had tenderness over the patellofemoral joint. The report documented that the claimant had persistent complaints of bilateral knee pain following surgery. Corticosteroid injections to be performed under ultrasound guidance were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injections with ultrasound guidance for the bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cortisone Injections for the Knee.

**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:** Based on the California ACEOM Guidelines and supported by the Official Disability Guidelines, the request for requested for bilateral corticosteroid injections to be performed under imaging guidance cannot be recommended as medically necessary. While ACOEM Guidelines recommend that Cortisone injections are optional treatment for knee disorders, the Official Disability Guidelines do not recommend using imaging guidance as current literature does not support the necessity for ultrasound guided injections. While this may help anatomic guidance of the procedure, it has not yet been shown to demonstrate increased efficacy. The specific request for bilateral corticosteroid injections to be performed under imaging guidance is not medically necessary.