

Case Number:	CM14-0135669		
Date Assigned:	08/29/2014	Date of Injury:	04/04/2011
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 61-year-old male who reported an injury on 04/04/2011 due to an unknown mechanism. Diagnoses were knee joint replacement, pain in joint, lower leg. Past treatment was physical therapy, medications, steroid injections. Diagnostic studies were not reported. Surgical history was left total knee arthroscopy, left knee with microfracture, right shoulder scope for rotator cuff repair, right shoulder arthroscopy, and a right knee arthroscopy. Physical examination on 08/14/2014 for followup on status post total knee arthroplasty. No subjective complaints were reported. Pain was rated a 7/10 at the worst. Aggravating factors were standing, walking, weight bearing with some numbness. Examination of left knee revealed no deformity, warmth, or erythema. There was a 1+ to 2+ effusion. There was a bony palpation on the left that revealed tenderness on palpation. Passive range of motion for the left extension was normal and flexion was to 125 degrees. Strength for flexion was a 4/5 and extension was a 4/5. Medications were not reported. Treatment plan was not reported. The rationale and Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

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

Decision rationale: The decision for ultrasound guidance is not medically necessary. The Official Disability Guidelines state for ultrasound guidance for knee joint injections that conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; and draining a popliteal Baker's cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. The request submitted does not indicate what the ultrasound guidance was for. The provider's examination note dated 08/14/2014 did not report that ultrasound or any other procedure was to be requested. Documentation was not provided. Therefore, this request is not medically necessary.