

Case Number:	CM14-0185204		
Date Assigned:	11/12/2014	Date of Injury:	06/26/2012
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 41 year old female with date of injury 6/26/2012. The mechanism of injury is stated as continuous trauma. The patient has complained of right knee pain since the date of injury. She has been treated with physical therapy and medications. MRI of the right knee dated 05/2014 revealed mucinous degeneration of the posterior horn of the medial meniscus (grade II) without meniscal tear. Ultrasound of the bilateral knees performed 06/2014 was normal. Objective: tenderness to palpation of the joint lines right knee, medial greater than lateral, decreased and painful range of motion of the right knee. Diagnoses: knee pain; degenerative joint disease, right knee. Treatment plan and request: right knee corticosteroid injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 41 year old female has complained of right knee pain since date of injury 6/26/2012. She has been treated with physical therapy and medications. The current request is for right knee corticosteroid injection under ultrasound guidance. Per the MTUS guidelines cited above, invasive techniques in the treatment of knee pain, such as needle aspiration of effusions and cortisone injections, are not indicated and carry inherent risks of subsequent intra-articular infection. On the basis of the MTUS guidelines, right knee corticosteroid injection under ultrasound guidance is not indicated as medically necessary.