MAXIMUS Federal Services

Case Number:	CM14-0043921		
Date Assigned:	07/02/2014	Date of Injury:	01/29/2014
Decision Date:	09/26/2014	UR Denial Date:	04/06/2014
Priority:	Standard	Application Received:	04/10/2014

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 Colorado. 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 51-year-old female. The dated of injury is noted 1/29/14 with development of knee pain while walking. The diagnosis is advanced right and left degenerative joint disease of the right and left knees (tricompartemental osteoarthritis), and status post anterior cruciate reconstruction. On 3/6/14 she was seen by the treating physician who requested right knee synvisc injections times 3 under ultrasound injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guidance for Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) TWC Integrated Treatment/Disability Duration Guidelines, Knee.

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

Decision rationale: The request does not meet the criteria of the guidelines for ultrasound guidance of the injection. Ultrasound guidance is typically utilized for soft tissue injections and conditions. Synvisc injections are conventionally performed by anatomical guidance. Ultrasound

guidance may be considered when there is failure of the initial attempt, due to the size of the knee or in draining a popliteal cyst. There is no indication of a failed injection or other reasons for use of ultrasound guidance. Therefore based on the documents provided and the ODG guideline the requested Ultrasound Guidance for Injection is non certified.