

<b>Case Number:</b>	CM14-0182213		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46-year-old man who sustained a work related injury on October 6, 2012. Subsequently, he developed chronic knee pain. The patient had a left knee arthroscopy on March 8, 2014. According to the clinical evaluation of October 16, 2014, the patient complained of swelling and loss of motion in his left knee. He stated he has stiffness in his left knee after sitting for long periods of time. Examination of the left knee revealed tenderness to palpation over the medial aspect of the left knee. There was decreased range of motion. There was decreased sensation to the left knee. There was synovial swelling. There was crepitation of the knee. Examination of both lower extremities did not reveal evidence of neurological deficit or radiculopathy. The patient was diagnosed with left knee internal derangement. The provider requested authorization for Ultrasound-Guided Cortisone Injection for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound-Guided Cortisone Injection for The Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** According to California MTUS guidelines, there is no strong evidence to support injections including steroid injections for the treatment of knee complaints. Therefore, the request for left knee cortisone injection is not medically necessary.