

Case Number:	CM14-0186820		
Date Assigned:	11/14/2014	Date of Injury:	09/05/2012
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 50-year-old male with a 9/5/12 date of injury, and status post left knee arthroscopy, lateral meniscectomy, synovectomy and shaving of articular cartilage 7/19/14. At the time (10/24/14) of request for authorization for left knee ultrasound guided injection, there is documentation of subjective (increased pain and swelling after physical therapy) and objective (left knee range of motion extension 180, flexion 120 degrees) findings, current diagnoses (status post left knee arthroscopy 7/19/14), and treatment to date (physical therapy, activity modification, and medications). There is no documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); and a rationale for the requested ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee ultrasound guided injection: Upheld

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

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

Decision rationale: Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; and The number of injections should be limited to three, as criteria necessary to support the medical necessity of corticosteroid injections to the knee. In addition, ODG identifies that ultrasound guidance for knee joint injections is not generally necessary. Within the medical information available for review, there is documentation of diagnosis of status post left knee arthroscopy 7/19/14. In addition, there is documentation of failure of conservative treatment (exercises and medications). However, there is no documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); and a rationale for the requested ultrasound guidance. Therefore, based on guidelines and a review of the evidence, the request for left knee ultrasound guided injection is not medically necessary.