

<b>Case Number:</b>	CM14-0191618		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of July 7, 2014. In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve requests for an ultrasound-guided knee aspiration and associated ultrasound-guided knee corticosteroid injection. The claims administrator invoked non-MTUS Guidelines from American Family Physicians (AFP) in favor of MTUS Guidelines. The claims administrator stated that its decision was based on an office visit and RFA form of October 31, 2014. The applicant and/or applicant's attorney subsequently appealed. In said October 31, 2014 progress note, the applicant reported ongoing complaints of knee pain, 4-5/10, exacerbated by weight bearing and alleviated by pain medications. The applicant was using Mobic and Motrin for pain relief, it was stated. The applicant stood 6 feet tall and weighed 260 pounds, it was stated. Tenderness was appreciated about the prepatellar bursa of the knee and medial joint line with negative McMurray maneuver. MRI imaging of the knee of July 15, 2014 was discussed and was apparently notable for prepatellar bursitis and a mild effusion. An ultrasound-guided effusion and corticosteroid injection were endorsed. The applicant, it is incidentally noted, was smoking every day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided aspiration of right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician (Knee joint aspiration and injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injections section.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346 does acknowledge that aspiration of a tense prepatellar bursa, the issue reportedly present here, is deemed "recommended," the MTUS does not specifically address the topic of ultrasound guidance in conjunction with knee corticosteroid injections. The Third Edition ACOEM Guidelines, however, take the position that glucocorticosteroid injections and, by implication, the aspiration at issue here, are "generally performed" without fluoroscopic or ultrasound guidance. In this case, the attending provider did not set forth any compelling applicant-specific factors or medical evidence which would make a case for an ultrasound-guided aspiration in the face of the seemingly unfavorable ACOEM position on the same. Since the ultrasound guidance component of the request cannot be supported, the request is not medically necessary.

**Ultrasound guided cortisone injection to the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter (Ultrasound Diagnostic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injections section.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346 does note that repeated corticosteroid injections, the article at issue at here, are deemed "optional," the MTUS does not address the topic of ultrasound-guided cortisone injections, as are being sought here. The Third Edition ACOEM Guidelines Knee Chapter, however, takes the position that knee corticosteroid injections are "generally performed" without fluoroscopic or ultrasound guidance. In this case, the attending provider did not outline any compelling applicant-specific risk factors which would compel the ultrasound-guidance component of the request in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.