MAXIMUS Federal Services

Case Number:	CM14-0193178		
Date Assigned:	11/26/2014	Date of Injury:	01/19/1997
Decision Date:	01/21/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 patient is an injured worker with bilateral knee complaints. The progress report dated October 2, 2014 documented subjective complaints of bilateral knee pain. She reports a 70% relief with the medication combination of Duexis and Norco but only for a short time. She is able to walk more with the medications, but it does wear off quickly. She has tried to modify and decrease her walking. She has not had any imaging on her left knee since 2009, or any injections. She does remember having a series of three injections of some sort of joint fluid a few years ago. It did help for a time, but wore of six to nine months after. The patient complained of bilateral knee pain. The original injury was on 1/19/97 while working. The injury occurred while she was sitting at her desk, swiveled to the side and hit her right knee off of an open drawer. Due to favoring her left knee over the years, she has had left knee pain since 2008. She has no associated numbness, tingling, weakness, or loss of bowel bladder function. She tried physical therapy with significant relief. She tried cortisone injections to bilateral knees with significant relief for three to six months. She has had five right knee arthroscopies and one left knee surgery. She tried cortisone injections to bilateral knees that worked well initially, and then lost effectiveness. She describes her pain as throbbing, intense, radiating, tender, burning, unbearable, dull, tiring, sore, and sharp. Her pain increases with sitting for over thirty minutes, going up and down stairs, and cold weather, while improves with laying down, rest, and pain medications. Pain affects mood, sleep, social life. Medications tried failed Neurontin due to sedation. Left knee MRI magnetic resonance imaging dated 1/6/09 demonstrated medial meniscus with tear and lateral displacement, patella laterally displaced, and small joint effusion. Physical examination was documented. The patient ambulates with a cane. There is decreased sensation to light touch anterior right knee. Gait was normal. No tremors were noted. Bilateral knee with anterior surgical scars, mild edema, and crepitus was noted. Left knee tenderness to

palpation lateral and medial aspect of patella. Right knee tenderness medial aspect of patella was noted. Range of motion demonstrated full extension and flexion bilaterally. Assessment was knee pain. The treatment plan included Norco and Duexis. X-rays of left knee were requested. The patient has not had imaging done in several years. Left knee cortisone injection under ultrasound was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to the Left Knee With Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers' Compensation: 2014; Knee Chaper

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Corticosteroid injections, Ultrasound, diagnostic.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cortisone injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques, such as cortisone injections, are not routinely indicated. Official Disability Guidelines (ODG) states that in the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary.The progress report dated October 2, 2014 documented that the patient's gait was normal and bilateral knees had full range of motion. Left knee cortisone injection with ultrasound guidance was requested. Per ODG guidelines, ultrasound guidance for knee joint injections is not generally necessary. Per ACOEM, invasive techniques, such as cortisone injections, are not routinely indicated. Therefore, the request for left knee cortisone injection with ultrasound guidance is not supported by MTUS and ODG guidelines. Therefore, the request for Cortisone Injection to the Left Knee with Ultrasound is not medically necessary.