

<b>Case Number:</b>	CM14-0206703		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/22/1997
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

This is a 63 year-old patient with a 10/22/1997 date of injury. According to the 11/11/14 orthopedic report, the patient is a male who presents with left knee and low back pain. The diagnoses included internal knee derangement and lumbosacral spondylosis without myelopathy. Exam shows swelling, crepitus and -5 to 95 degree range of motion. On 12/02/14 Utilization Review (UR) modified the request for PT x12 for the left knee to allow 6 sessions of PT. and UR denied the left knee cortisone injection with fluoroscopy and ultrasound guidance. The reviewer states ODG guidelines recommend 9 sessions for knee pain. The cortisone injection was denied as the reviewer wanted to see how the patient does with the PT first.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy QTY 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request is for PT x12. The patient is not reported to be within the MTUS postsurgical physical medicine treatment timeframe, so the MTUS Chronic Pain Medical Treatment Guidelines will apply. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for 12 sessions of PT will exceed the MTUS recommendations. The request for Physical Therapy QTY 12, IS NOT medically necessary.

**Cortisone Injection with fluoroscopy and ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346 and 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Knee & Leg Chapter

**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 chapter, Corticosteroid injections.

**Decision rationale:** The patient is 5'11", 265 lbs., and has history of left knee osteoarthritis. The 11/11/14 orthopedic reports notes ROM is -5 to 95 degrees, there is mild swelling and crepitus. The brace helps, and physical activity aggravates it. The physician requested a left knee cortisone injection with fluoroscopy and ultrasound guidance. MTUS/ACOEM Chapter 13, Knee, page 339 states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. ODG-TWC guidelines, Knee section online for Criteria for Intraarticular glucocorticosteroid injections states these injections are "Generally performed without fluoroscopic or ultrasound guidance" The cortisone injection to the knee with fluoroscopy and ultrasound guidance is not in accordance with MTUS/ACOEM and ODG-TWC guidelines. The request for: Cortisone Injection with fluoroscopy and ultrasound IS NOT medical necessary.