

Case Number:	CM14-0043641		
Date Assigned:	07/02/2014	Date of Injury:	08/24/2005
Decision Date:	03/04/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker sustained a work related injury on August 24, 2005. The exact mechanism of the work related injury and body parts involved was not included in the documentation provided. The injured worker was noted to have undergone a L5-S1 lumbar fusion in 2007. A copy of the surgical report was not included in the documentation provided. The injured worker's conservative therapies were noted to have included adaptive physical education classes, knee bracing, ice/heat therapy, TENS unit, physical therapy, home exercise program, and oral medications. A Physician's visit dated February 25, 2014, noted the injured worker with a history of low back and knee pain. The injured worker was noted to have completed physical therapy, finding it helpful. The injured worker reported fairly severe right knee pain, limiting walking, was being awoken from sleep, with legs feeling like they will give out from underneath at times. Physical examination was noted to show improved range of motion of the lumbar spine, mild discomfort with extension and rotation, with mild to moderate point tenderness over the bilateral lower lumbar paraspinals and sacral notch. Swelling was appreciated of the right knee with marked tenderness to the medial joint line. The Physician noted the assessment as knee pain, low back pain, facet syndrome, and lumbar disc disease. The Physician requested authorization for an ultrasound guided injection to the right knee. On March 14, 2014, Utilization Review evaluated the request for an ultrasound guided injection to the right knee, citing the Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee/Corticosteroid Injections. The UR Physician noted the clinical information submitted for review failed to meet the evidence based guidelines for the requested service. The UR Physician

noted there was no dose or frequency for any of the listed medications, no surgical history noted, and diagnostic studies were not included in the documentation provided. The UR Physician noted that based on the guideline the injured worker would be a good candidate for corticosteroid injections, however, one of the guideline requirements was that the procedure was generally performed without fluoroscopy or ultrasound guidance, therefore the request for an ultrasound guided injection to the right knee was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection of 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, Treatment Index, 11th edition (web), 2013, Knee/ Corticosteroid Injections; Criteria for Intraarticular glucocorticosteroid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter: corticosteroid injections

Decision rationale: According to the ODG guidelines (MTUS does not comment on this particular procedure), steroid injection is appropriate and indicated if 5 of 9 specific physical exam findings are found, including: bony enlargement, bony tenderness, crepitus, elevated ESR, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, Rheumatoid factor, and synovial signs. The patient lacks all but two of these. Additionally the guidelines states taht the procedure is generally performed without fluoroscopic or US guidance. Given the lack of supporting physical exam findings in the clinical record and the unnecessary request for US guidance, the requested procedure is not medically necessary as based on the guidelines.