

Case Number:	CM15-0006398		
Date Assigned:	01/23/2015	Date of Injury:	03/29/2008
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 60-year-old male who reported an injury on 03/29/2008. The mechanism of injury was not provided. The injured worker reportedly sustained an injury to his right knee and bilateral shoulders. The injured worker's treatment history included knee surgery and physical therapy. The injured worker was evaluated on 12/08/2014. The injured worker's diagnoses included end stage degenerative joint disease of the right knee, left knee sprain/strain, lumbar spine sprain/strain, gastritis, and right and left shoulder sprain/strain. Physical findings at that appointment included limited range of motion of the right knee described as -3 degrees in extension to 115 degrees in flexion with atrophy of the quadriceps. The injured worker had a positive anterior drawer test, positive McMurray's test, positive Apley's test, and positive chondromalacia patella compression test. The injured worker's treatment plan included an ultrasound guided Hyalgan injection to the right knee for alleviation of pain and discomfort and ultrasound guided corticosteroid injections for the bilateral shoulders and left knee to assist with alleviation of pain and discomfort. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three ultrasound guided hyalgan injections to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Hyaluronic acid or Hylan

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

Decision rationale: The requested 3 ultrasound guided Hyalgan injections to the right knee are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend hyaluronic acid injections for injured workers who are not surgical candidates for a total knee replacement and have failed to respond to aspiration and injection of articular steroids. The clinical documentation submitted for review did not indicate that the injured worker not a surgical candidate for total knee replacement. Additionally, there was no indication that the injured worker had failed to adequately respond to aspiration and injection of a corticosteroid injection to the right knee. Therefore, hyaluronic acid injections would not be supported in this clinical situation. As such, the 3 ultrasound guided Hyalgan injections to the right knee are not medically necessary or appropriate.

Ultrasound guided corticosteroid injection to the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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

Decision rationale: The requested ultrasound guided corticosteroid injections to the bilateral shoulders are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommended the use of corticosteroid injections for pain relief for the bilateral shoulders. However, the clinical documentation submitted for review did not provide an adequate assessment of the injured worker's bilateral shoulders to support the need for corticosteroid injections. Furthermore, the request includes ultrasound guidance. The Official Disability Guidelines do not support the use of ultrasound guidance for corticosteroid injections of major joints as they can be anatomically guided. As such, the requested ultrasound guided corticosteroid injections to the bilateral shoulders are not medical necessity or appropriate.

Ultrasound guided corticosteroid injection to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Shoulder Chapter, Corticosteroid injections

Decision rationale: The requested ultrasound guided corticosteroid injection to the left knee is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does support the use of corticosteroid injections for pain relief. The clinical documentation did support that the injured worker has deficits of the left knee that would benefit from a corticosteroid injection. However, the request includes ultrasound guidance. The Official Disability Guidelines do not support the use of ultrasound guidance for corticosteroid injections to major joints as they can be anatomically guided. As such, the requested ultrasound guided corticosteroid injection to the left knee is not medically necessary or appropriate.