

Case Number:	CM15-0106381		
Date Assigned:	06/12/2015	Date of Injury:	03/20/1999
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 3/20/99. She has reported initial complaints of pain and tenderness of the left knee. The diagnoses have included status post left total knee arthroplasty and strain of the lateral collateral ligament of the left knee. Treatment to date has included medications, activity modifications, off work, physical therapy, injections, surgery, and home exercise program (HEP). Currently, as per the physician progress note dated 4/21/15, the injured worker complains of constant pain in the outer aspect of the left with numbness, popping and grinding within the knee, limited range of motion knee and it hurts with going up and down stairs or walking for prolonged periods of time. Physical exam of the bilateral knees reveal tenderness over the left knee and range of motion of the left knee is from 5 degrees to 110 degrees of flexion. There was no previous diagnostics noted in the records pertaining to the knee. The previous therapy sessions were not noted. The physician requested treatment included Ultrasound Guided Injection Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Injection Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Corticosteroid Injections, pages 294-295.

Decision rationale: The request was modified for left knee lateral collateral ligament injection with Kenalog, Marcaine, and Lidocaine without ultrasound guidance. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The Ultrasound Guided Injection Left Knee is not medically necessary and appropriate.