

Case Number:	CM15-0133367		
Date Assigned:	07/21/2015	Date of Injury:	12/02/2014
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 38 year old female, who sustained an industrial injury on 12/02/2014. She reported acute left knee pain and "pop" with bending activity. Diagnoses include left knee sprain/strain. Treatments to date include anti-inflammatory, NSAID, and physical therapy. Currently, she complained of no improvement in left knee pain and pain was increasing. On 5/15/15, the physical examination documented restricted range of motion, tenderness and pain with movement. The MRI result documented a "non-displaced complex tear of the posterior horn of the medial meniscus". The plan of care included a left knee steroid injection under guided ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided steroid injection to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg- Corticosteroid injections.

Decision rationale: Ultrasound guided steroid injection to the left knee is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM Knee chapter states that repeated aspirations or corticosteroid injections are D level evidence with the panel interpretation of information not meeting inclusion criteria for research-based evidence. The ODG states that there needs to be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria and this procedure is typically performed without ultrasound guidance. The documentation does not provided evidence of severe osteoarthritis according to the ACR criteria. Furthermore, the guidelines state this procedure typically does not require ultrasound. For these reasons the request for steroid injections to the knee are not medically necessary.