

Case Number:	CM15-0138271		
Date Assigned:	07/28/2015	Date of Injury:	09/12/2014
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 57-year-old female who sustained an industrial injury to the bilateral knees when she tripped and fell on 09/12/2014. The injured worker was diagnosed with bilateral contusions of the knees and bilateral internal derangement. Treatment to date has included diagnostic testing with recent magnetic resonance imaging (MRI) in January 2015, knee immobilizer, Kinesio taping, physical therapy, home exercise program, cortisone injections and medications. According to the primary treating physician's progress report on May 28, 2015, the injured worker continues to experience bilateral knee pain. The injured worker reports pain in the right knee when ascending stairs. The injured worker has been approved for right knee Hyalgan injections. Objective findings were not documented. Current medications were not documented. Treatment plan consists of (3) Hyalgan Injections to the right knee and the current request for Ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg (hyaluronic acid injections).

Decision rationale: CA MTUS does not address hyaluronic acid injections (HAI) to the knee with ultrasound guidance. ODG states that HAI are indicated in cases of severe osteoarthritis which have failed to respond to conservative measures. While the HAI is indicated in this patient, no rationale is given as to why ultrasound guidance is needed in a simple knee joint injection. Therefore, the ultrasound guidance is deemed not medically necessary or appropriate.