

Case Number:	CM15-0147043		
Date Assigned:	08/10/2015	Date of Injury:	08/18/2014
Decision Date:	09/11/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, New York, California
 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 applicant is represented 28-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 27, 2015. In a Utilization Review report dated July 24, 2015, the claims administrator partially approved a request for a cortisone injection under ultrasound guidance as a corticosteroid injection without ultrasound guidance. A variety of non-MTUS Guidelines were invoked, despite the fact that the MTUS addressed portions of the topic at hand. A June 22, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On April 13, 2015, the attending provider acknowledged that the applicant was not working as the applicant's employer was unable to accommodate previously suggested limitations. It was suggested that the applicant had been terminated by his former employer. Ongoing complaints of knee pain were noted. MRI imaging of the knee, physical therapy, Relafen, Prilosec and Terocin patches were renewed and/or continued. On June 22, 2015, the attending provider noted that the applicant had ongoing complaints of low back and knee pain. A knee corticosteroid injection targeting the pes anserine bursa was sought. A 25-pound lifting limitation was renewed. The attending provider's June 22, 2015 progress note did not, however, include a rationale for the ultrasound guidance component of the request. The applicant went on to receive the pes anserine bursa corticosteroid injection in question on July 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection under ultrasound guidance for 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, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, Knee Disorders, pg. 704.

Decision rationale: No, the request for a cortisone injection under ultrasound guidance of the knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, page 339 notes that invasive techniques such as the cortisone injection at issue are "not routinely indicated," the MTUS does not specifically address the topic of ultrasound-guided knee corticosteroid injections. However, the Third Edition ACOEM Guidelines Knee Disorders Chapter notes that intra-articular glucocorticosteroid injections are generally performed without fluoroscopic or ultrasound guidance. Here, the attending provider's June 22, 2015 progress note failed to furnish a clear or compelling rationale for usage of ultrasound guidance in conjunction with a comparatively superficial pes anserine bursa corticosteroid injection. Therefore, the request was not medically necessary.