

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0182353 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 01/03/2015 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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: Massachusetts

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 55 year old male, who sustained an industrial injury on 1-03-2015. The injured worker is being treated for knee degeneration, knee arthralgia, abnormal gait and varus deformity. Treatment to date has included medications, physical therapy and home exercise. Per handwritten the Primary Treating Physician's Progress Report dated 6-17-2015 the injured worker reported that he is doing physical therapy and started weight bearing. He reported a sore right knee, slowly improving; he is requesting refills of Oxycodone and Vicodin. Objective findings included right-knee antalgic gait and medial joint line tenderness. Work status was remaining off work. The plan of care included continuation of physical therapy, home exercise and medications. An injection was administered to the right knee. On 8-31-2015 Utilization Review modified the request for right knee injections x 3 with Supartz series with ultrasound guidance for needle placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for needle placement related to right knee injections: Overturned

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

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 (Acute & Chronic), Ultrasound, diagnostic.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for chronic right knee pain. An x-ray of the right knee in July 2014 included findings of advanced medial compartment arthritis. In June 2015, he had ongoing complaints of knee pain. He was participating in physical therapy. A cortisone injection was administered with ultrasound guidance. When seen, he was having ongoing knee pain. He had completed physical therapy treatments. He was continuing to take opioid medications. Physical examination findings included a mildly antalgic gait. There was medial joint line tenderness with varus deformity and positive McMurray's testing. His body mass index is over 31. Authorization for a series of viscosupplementation injections was requested and has been approved. At issue is the need for ultrasound guidance for the injections. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. However, ultrasound guidance for knee joint injections may be considered when there is obesity which is present in this case. The use of ultrasound is not prohibited and would be expected to ensure proper needle placement. Therefore, the request is medically necessary.