

<b>Case Number:</b>	CM15-0182972		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64 year old female who sustained an industrial injury on 09-17-2007. Medical records indicated the worker was treated for pain in the bilateral elbows, knees and shoulders. In the provider notes of 09-10-2015, the injured worker is seen for knee pain. She reports her complaints are better following visco-supplement injections to the left knee, and the right knee is a little better in follow-up of first injection. Her diagnoses at the time of the request included synovitis shoulder, derangement knee, and synovitis bursitis of elbow. Past treatment has included physical therapy, cognitive behavioral therapy, medications including Celebrex and Voltaren gel, and Visco supplemental injections of the knees (Jan-Feb 2014 and Jan-Feb 2015) which were reported as helpful. She complained of left knee pain again in the visit 01-23-2015 and was noted to have patellofemoral and crepitis in the right and left knees with decreased range of motion. A request for authorization was submitted on 09-17-2015 for: 1. Ultrasound guidance for injections, QTY: 3.00. 2. Visco Supartz injections for the right knee, QTY: 3.00. A utilization review decision 08-19-2015: Authorized the Visco Supartz injections for the right knee, QTY: 3.00-non-certified Ultrasound guidance for injections, QTY: 3.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guidance for injections, QTY: 3.00:** 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, Hyaluronic Acid Injections, Criteria for Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Musculoskeletal ultrasonography: Guided injection and aspiration of joints and related structures.

**Decision rationale:** Ultrasound guidance for knee injections is not generally necessary. The records do not substantiate that her knee anatomy is abnormal or complex or why an ultrasound guided procedure is medically necessary over a standard injection without ultrasound guidance. The medical necessity of ultrasound guidance for injections is not substantiated.