

Case Number:	CM15-0185609		
Date Assigned:	09/25/2015	Date of Injury:	07/03/2011
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 49 year old male sustained an industrial injury on 7-3-11. Documentation indicated that the injured worker was receiving treatment for left hip impingement, left knee patello-femoral damage and left hip partial gluteus medius tear. Previous treatment included physical therapy, activity modification and medications. In a PR-2 dated 8-14-15, the injured worker complained of left knee and left elbow pain, rated 9 out of 10 of 10 on the visual analog scale, associated with numbness, tingling and mild swelling. Physical exam was remarkable for left knee range of motion 0 to 140 degrees, no patellofemoral crepitus, negative patellar grind test and 4+ out of 5 quadriceps and hamstrings strength. The left knee was stable to anterior, posterior, varus and valgus stress testing. In a PR-2 dated 8-27-15, the injured worker reported that he had been having increased pain and swelling in the left leg since his last visit, associated with tightness and throbbing pain in the left leg and left elbow. Physical exam was remarkable for left knee with mild patellofemoral crepitus, positive patellar grind test, 4+ out of 5 quadriceps and hamstrings strength and range of motion 0 to 130 degrees. The left knee was stable to anterior, posterior, varus and valgus stress testing. The treatment plan included ultrasound guided corticosteroid injection to the left knee, magnetic resonance imaging arthrogram of the left hip and core based rehabilitation with physical therapy. On 9-8-15, Utilization Review noncertified a request for ultrasound guidance for knee injection and outpatient core based physical therapy to the left knee (unspecified number of sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee ultrasound guided cortisone injection: 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Intra-articular corticosteroid injection.

Decision rationale: Guidelines note that injections are generally performed without ultrasound guidance. In this case, the corticosteroid injection is appropriate given the patient's symptoms and physical examination findings. However, the request for left knee ultrasound guided cortisone injection is not medically appropriate and necessary.

Physical therapy to the left knee (unspecified number of sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines recommend continued physical therapy with documented objective evidence of functional benefit. In this case, there is no documentation of functional improvement from previous physical therapy sessions. The request for core based physical therapy to the left knee is not medically appropriate and necessary.