

<b>Case Number:</b>	CM15-0192990		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Illinois

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 injured worker is a 58 year old male, who sustained an industrial injury on 6-13-2008. Medical records indicate the worker is undergoing treatment for chronic right knee pain. Recent emergency department reports dated 7-17-2015 and 7-23-2015, reported the injured worker complained of right chronic knee pain, rated 4 out of 10 and he was having trouble finding a physician. Physical examination revealed bilateral lower extremities with full range of motion and no swelling, redness, warmth or tenderness. Treatment to date has included left knee surgery, physical therapy and Norco. The physician is requesting right trigger shot injection. On 9-4-2015, the Utilization Review noncertified the request for right trigger shot injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee trigger shot injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Consultation, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** The injured worker sustained a work related injury on 6-13-2008. The medical records provided indicate the diagnosis of chronic right knee pain. Treatments have included left knee surgery, physical therapy and Norco. The medical records provided for review do not indicate a medical necessity for Right knee trigger shot injection. Trigger shot injection or trigger point injection is not a recommended treatment for knee disorders. The MTUS recommends Trigger point injections with a local anesthetic when certain conditions are met. Therefore, considering the affected part of the body is the knee, rather than the neck or back, the requested treatment is not medically necessary.