

Case Number:	CM15-0194889		
Date Assigned:	10/08/2015	Date of Injury:	06/05/2012
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 a represented 56-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 12, 2012. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for a knee cortisone injection under ultrasound and/or fluoroscopic guidance. The claims administrator referenced an August 26, 2015 RFA form and an associated August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, it was acknowledged that the applicant was not currently working. The applicant's bilateral knee complaints were reportedly worsened. The applicant was apparently trying to pursue a left knee total knee arthroplasty. The note was difficult to follow. The attending provider did reference undated x-rays of the left knee demonstrating degenerative changes of the same. The applicant's BMI was 35, it was reported. The applicant was placed off of work, on total temporary disability. The attending provider seemingly sought authorization for cortisone injections for both knees, along with a left knee total knee arthroplasty. Portions of the note were typewritten, while other portions of the note were handwritten. The attending provider seemingly stated that he was seeking authorization for bilateral knee injections. It was suggested in another section of the note that the applicant was status post a right knee total knee arthroplasty. Little-to-no narrative commentary accompanied the request for a right knee corticosteroid injection. On September 20, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of and issues with left knee pain were reported. On a September 20, 2015 appeal letter, the attending provider seemingly stated that he was seeking injection therapy

for the left knee (as opposed to the right knee). The attending provider stated that the applicant had developed progressively worsened degenerative arthritis about the left knee and was status post a right knee total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection under ultrasound and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Ultrasound, diagnostic; corticosteroid injections-criteria for intraarticular glucocorticosteroid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 704 INTRA ARTICULAR GLUCOCORTICOSTEROID INJECTIONS These injections are generally performed without fluoroscopic or ultrasound guidance.

Decision rationale: No, the request for a right knee cortisone injection under ultrasound guidance and fluoroscopy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as the knee cortisone injection in question are "not routinely indicated." Here, neither the attending provider's September 15, 2015 appeal letter nor the attending provider's August 12, 2015 progress note in fact uncovered a clear or compelling rationale for pursuit of a knee cortisone injection in the face of the tepid-to-unfavorable ACOEM position on the same. Portions of the attending provider's September 15, 2015 appeal letter seemingly stated that he was in fact seeking corticosteroid injection therapy for the left knee. The attending provider did not seemingly state why he was performing a cortisone injection to the right knee status post earlier total knee arthroplasty surgery. The Third Edition ACOEM Guidelines Knee Disorders Chapter further notes that intra-articular knee steroid injections are generally performed without the fluoroscopic or ultrasound guidance sought here. As with the cortisone injection component of the request, the attending provider did not clearly state why ultrasound guidance and fluoroscopy were being sought here in the face of the unfavorable ACOEM position on the same. The September 15, 2015 appeal letter and August 12, 2015 office visit failed to support or substantiate the request at issue. Therefore, the request was not medically necessary.