

Case Number:	CM15-0204474		
Date Assigned:	10/21/2015	Date of Injury:	09/03/2014
Decision Date:	12/07/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 September 3, 2014. Past history included repair right knee medial and lateral meniscal tear April, 2015. Diagnoses are spinal stenosis of lumbar region; sciatica; pain in soft tissue of limb; loss of height; sprain, strain of tarsometatarsal. According to a treating physician's notes dated September 15, 2015, the injured worker presented with complaints of right knee pain, rated 8 out of 10, with associated burning pain along the proximal aspect of the right thigh. He has undergone physical therapy and some chiropractic therapy without relief and takes Norco as needed with temporary relief. Objective findings included; right lower extremity-mild medial tibial insertion tenderness, no crepitation, tone normal, normal muscle bulk; sensation to touch, pressure and pinprick intact over both lower extremities; range of motion normal in all major joints, the right knee is limited in flexion. At issue, is the request for authorization dated September 18, 2015, for an ultrasound right knee with possible injection. According to utilization review dated October 5, 2015, the requests for Tramadol and Butrans were certified. The request for right knee ultrasound with possible injection is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Ultrasound diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, under Ultrasound.

Decision rationale: The current request is for a right knee ultrasound. Treatment history include right knee medial and lateral meniscal tear repair on April, 2015, physical therapy, chiropractic treatments, and pain medications. The patient is not working. ODG, knee chapter under Ultrasound (diagnostic) states recommended for soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. According to progress report September 15, 2015, the patient presents with right knee pain, with associated burning pain along the proximal aspect of the right thigh. Objective findings included mild right lower extremity medial tibial tenderness, and range of motion is limited in flexion. The patient has undergone physical therapy without relief, and the treater recommended a right knee diagnostic ultrasound, and possible injection. This patient is status post medial and lateral meniscal tear repair on 04/14/15, and there is no indication of imaging following the surgery. The patient presents with persistent pain, and an Ultrasound may help with accurate diagnoses. Therefore, the request is medically necessary.

Right knee, possible injection: Upheld

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) Chapter, under Corticosteroid injections, Knee & Leg (Acute and chronic) Chapter, under Hyaluronic Acid Injections.

Decision rationale: The current request is for a right knee, possible injection. Treatment history include right knee medial and lateral meniscal tear repair on April, 2015, physical therapy, chiropractic treatments, and pain medications. The patient is not working. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states, Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. ODG Guidelines, Knee & Leg (Acute and chronic) Chapter, under Hyaluronic Acid Injections states recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the

magnitude of improvement appears modest at best. According to progress report September 15, 2015, the patient presents with right knee pain, with associated burning pain along the proximal aspect of the right thigh. Objective findings included mild right lower extremity medial tibial tenderness, and range of motion is limited in flexion. The patient has undergone physical therapy without relief, and the treater recommended a right knee diagnostic ultrasound, and possible injection. The treater did not specify the type of injection that was being considered. In this case, there is no diagnostic imaging following the April 2015 knee surgery to indicate severe osteoarthritis. Without evidence of osteoarthritis (for which cortisone and hyaluronic Acid injections are considered an option), the request cannot be supported. Therefore, the request is not medically necessary.