

Case Number:	CM15-0026143		
Date Assigned:	02/18/2015	Date of Injury:	07/07/2013
Decision Date:	04/22/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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: Family Practice

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 34 year old male who sustained an industrial related injury on 7/7/13. The injured worker had complaints of left knee pain and low back pain. Diagnoses were lumbar sprain/strain and residual left knee pain status post arthroscopy. Treatment included assistive devices, a knee brace and immobilizer, physical therapy, left knee arthroscopy, and use of a TENS unit. The treating physician requested authorization for a left knee Plica injection under ultrasound guidance. On 1/15/15 the request was non-certified. The utilization review physician noted the request was non-certified based on the clinical information provided. No further rationale was noted in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Plica Injection Under Ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to medical guidelines, it states that knee injections should be done primarily for osteoarthritis. According to the medical records, there is no indication why knee injection is needed. There is no diagnosis for the support of injection and thus not medically necessary.