

Case Number:	CM15-0031316		
Date Assigned:	02/24/2015	Date of Injury:	05/10/2013
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 63-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 10, 2013. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for a left knee ultrasound-guided corticosteroid injection. The claims administrator stated that the applicant was status post a total knee replacement on April 12, 2014. The claims administrator did not incorporate any guidelines into its rationale nor did the claims administrator state which progress note its decision was based upon. The claims administrator did state that the request in question had been received on January 22, 2015; however, the claims administrator did not summarize any progress note or guideline in its rationale. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant reported ongoing complaints of knee pain status post earlier left knee total knee arthroplasty surgery on April 12, 2014. The attending provider suggested the applicant undergo an ultrasound-guided left knee corticosteroid injection for therapeutic and analgesic effect. A CT scan of the left knee was endorsed. The applicant reported instability about the left knee. The applicant was placed off work, on total temporary disability.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Injections Intra-Articular Glucocorticosteroid Injections.

Decision rationale: No, the proposed ultrasound-guided left knee corticosteroid steroid injection 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 corticosteroid injection at issue are "not routinely indicated." Here, the attending provider's documentation of December 19, 2014 was sparse, thinly developed, and did not establish a clear or compelling role for the knee corticosteroid injection in the face of the tepid-to-unfavorable ACOEM position on the same. The attending provider did not reconcile his request for CT imaging of the knee with a knee corticosteroid injection. The attending provider did not state why corticosteroid injection therapy was being sought when some compromise of the knee prosthesis was suspected. The Third Edition ACOEM Guidelines Knee Chapter, it is incidentally noted, further notes that intra-articular steroid injections are typically performed without fluoroscopic or ultrasound guidance. The attending provider, once again, failed to reconcile a request for an ultrasound-guided injection in the face of the tepid-to-unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.