

<b>Case Number:</b>	CM15-0032215		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/31/1999
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Internal 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 56-year-old male, who sustained an industrial injury on 5/31/99. He has reported right knee injury. The diagnoses have included morbid obesity, arthritis of knee bilateral, bilateral knee pain, tear of lateral meniscus of knee and complete tear of knee and right anterior cruciate ligament. Treatment to date has included (ACL) Anterior Cruciate Ligament reconstruction in 2000, physical therapy and oral medications. (MRI) magnetic resonance imaging of right knee performed on 1/23/15 revealed (ACL) Anterior Cruciate Ligament reconstructions with attenuation of the graft and diminutive lateral meniscus prior with resection and the graft is intact. Currently, the injured worker complains of right knee pain. Progress note dated 1/29/15 noted tenderness on palpation of right knee of medial joint line and lateral joint line. On 1/23/15 Utilization Review non-certified major joint ultrasound guidance needle times 4 units, noting the number should be limited to 3 and there is no clear rationale as to why a major joint ultrasound guidance needle injection has been requested and a cane, noting there is insufficient evidence of significant balance issues or muscle weakness that necessitates a cane. The MTUS, ACOEM Guidelines, and ODG were cited. On 2/20/15, the injured worker submitted an application for IMR for review of major joint ultrasound guidance needle times 4 units and a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Major joint ultrasound guidance needle x 4 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Ultrasound, diagnostic.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses knee complaints. American College of Occupational and Environmental Medicine (ACOEM) 2<sup>nd</sup> Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Official Disability Guidelines (ODG) indicates that ultrasound guidance for knee joint injections is not generally necessary. Major joint ultrasound guidance needle x 4units was requested. The type of injection was not specified. The major joint was not specified. The primary treating physician's progress report dated 1/8/15 documented knee pain. The treatment plan included MRI of the knee, a cane, and Tramadol. There was no discussion of knee injection or ultrasound. The 1/8/15 progress report does not discuss or support the request for major joint ultrasound guidance needle injection. Therefore, the request for major joint ultrasound guidance needle is not medically necessary.

**Cane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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) Walking aids.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address walking aids. Official Disability Guidelines (ODG) states that disability, pain, and age-related impairments seem to determine the need for a walking aid. The primary treating physician's progress report dated 1/8/15 documented right knee ACL anterior cruciate ligament reconstruction and partial meniscectomy surgery in 2000. The knee demonstrated tenderness, effusion, popping, clicking, and instability. Gait was tentative. Morbid obesity was noted. A cane was recommended to off-load the knee. The request for a cane is supported by the medical records and ODG guidelines. Therefore, the request for a cane is medically necessary.