

Case Number:	CM15-0057452		
Date Assigned:	04/02/2015	Date of Injury:	09/23/2010
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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: Arizona, Texas
 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 33-year-old male, who sustained an industrial injury on September 23, 2010. He reported left knee and ankle pain. The injured worker was diagnosed as having cervicalgia, pain in the thoracic spine, facet syndrome, left knee contusion sprain status post meniscal repair surgery, left foot/ankle sprain and separate back injury. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, chiropractic care, physical therapy, massage therapy, pain injections, radiofrequency rhizotomy, medications and work restrictions. Currently, the injured worker complains of neck, left knee, ankle and back pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was a police officer that reported being hit by a vehicle while riding his motorcycle. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 8, 2014, revealed continued pain. Left knee injections and guided ultrasound were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee-hyaluronic acid injection.

Decision rationale: According to the ODG criteria for hyaluronic acid injections are as follows. Patients experiencing significant symptomatic osteoarthritis but have not responded adequately to conservative treatment after at least 3 months. Documented symptomatic severe arthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and over the age of 50. Generally performed without fluoroscopic or ultrasound guidance. In this case the patient met criteria for an intra-articular injection to the knee with hyaluronic acid. The documentation does not support the need for US guidance, there is no concern for complicated anatomy. The patient has had previous imaging of the knee with an MRI in 6/14. The request for US guidance for the injection is not medically necessary.