

Case Number:	CM15-0083897		
Date Assigned:	05/06/2015	Date of Injury:	10/05/2012
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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 62-year-old female, who sustained an industrial injury on 10/5/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral knee osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, steroid injections and medication management. In a progress note dated 3/20/2015, the injured worker complains of bilateral knee pain. The left knee pain was rated 7/10 and right knee was 2/10 and has been controlled with Lidoderm patches and Norco. The treating physician is requesting ultrasound guidance for knee injections.

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 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, Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The requested Ultrasound guidance is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg (Acute & Chronic), Hyaluronic acid injections "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," and "Generally performed without fluoroscopic or ultrasound guidance." The injured worker has bilateral knee pain. The treating physician has documented bilateral knee osteoarthritis. The treating physician is requesting ultrasound guidance for knee injections. The treating physician has not documented the medical necessity for ultrasound guidance for these injections as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Ultrasound guidance is not medically necessary.