

Case Number:	CM15-0232629		
Date Assigned:	12/09/2015	Date of Injury:	09/01/2003
Decision Date:	01/13/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male who sustained an industrial injury on 09-01-2003. According to a re-evaluation report dated 10-01-2015, the injured worker was seen for a recheck of the lumbar spine. He was having lumbar spine pain rated 7 out of 10 in intensity. He was having pain that radiated through both legs and numbness to the right foot. He was ambulatory with a single point cane. He also reported left knee pain that was rated 8 out of 10 in intensity. He was having some swelling in the left knee and stiffness and numbness in the right knee. Current medications included Atorvastatin and Lisinopril. There was limited range of motion in the right knee. Examination of the left knee demonstrated tenderness over the joint space, crepitus and range of motion at 0-90 degrees. X-ray of the left knee performed on 12-24-2014 demonstrated severe degenerative arthritis, tricompartmental, retained hardware. Diagnoses included lumbago, right knee pain, left knee pain, lumbar spondylosis, bilateral knee degenerative joint disease, status post right knee arthroplasty-tumor prosthesis, lumbago, knee arthralgia, lumbar spondylosis and knee arthritis. Recommendations included aqua therapy. Authorization was being requested for ultrasound guided Supartz injections to the left knee 1 time per week times 3 weeks. The injured worker was retired. On 11-04-2015, Utilization Review non-certified the request for ultrasound guidance for left knee injection. The request for left knee Supartz injection x 3, Norco and Colace was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for left knee injections: Upheld

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

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 injections.

Decision rationale: Ultrasound guidance for left knee injections is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that this injection is typically done without ultrasound guidance. There are no extenuating factors noted that require deviation from the guidelines therefore this request is not medically necessary.