

<b>Case Number:</b>	CM15-0242417		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	05/10/2009
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	12/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female with a date of injury of May 10, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of the knee. Medical records dated August 10, 2015 indicate that the injured worker complained of back pain. Per the treating physician (September 28, 2015), the employee was retired. The physical exam dated August 10, 2015 reveals tenderness to palpation of the left hip and knee with painful range of motion. The progress note dated September 28, 2015 documented a physical examination that showed no changes since the examination performed on August 10, 2015. Treatment has included cortisone injections of the knee and medications (Gabapentin, Prilosec, and Ibuprofen). The treating physician recommended a cortisone injection for the left knee. The utilization review (December 7, 2015) non-certified a request for ultrasound guidance and fluoroscopy.

### 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 (ODG) Treatment, Integrated/Disability Duration Guidelines, Knee and Leg (Acute & Chronic).

**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, Corticosteroid Injections.

**Decision rationale:** Per the ODG guidelines regarding imaging guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. The medical records submitted for review do not note any rationale as to why conventional anatomical guidance would be insufficient for knee injection in this instance. The request is not medically necessary.

**Fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Duration Guidelines, Knee and Leg (Acute & Chronic).

**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, Corticosteroid Injections.

**Decision rationale:** Per the ODG guidelines regarding imaging guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. The medical records submitted for review do not note any rationale as to why conventional anatomical guidance would be insufficient for knee injection in this instance. The request is not medically necessary.