

Case Number:	CM14-0106510		
Date Assigned:	07/30/2014	Date of Injury:	10/15/2013
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old gentleman who was reportedly injured on October 15 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 3, 2014, indicates that there are ongoing complaints of right knee and right hip pain. The physical examination demonstrated tenderness at the right hip greater trochanteric and full right hip range of motion. The examination the right knee revealed tenderness at the posterior aspect of the lateral joint line and also full range of motion. Diagnostic imaging studies of the right knee revealed an intrameniscal signal at the posterior horn of the medial meniscus. There were no signs of osteoarthritis. Previous treatment includes physical therapy and the use of a hinged knee brace. A request was made for an ultrasound guided right knee steroid injection and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid/Anesthetic Injection- Right knee intraarticular injection with Betamethasone
Ultrasound:** Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Corticosteroid Injection, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for an intra-articular steroid injection for the knee includes documentation of severe osteoarthritis. The recent magnetic resonance image of the right knee does not indicate the presence of any osteoarthritis in the right knee. Additionally, it is stated that these injections are generally performed without fluoroscopic or Ultrasound guidance. For these reasons, this request for an ultrasound guided right knee steroid injection is not medically necessary.