

Case Number:	CM14-0155705		
Date Assigned:	09/25/2014	Date of Injury:	01/15/2014
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 49-year-old male who sustained a work injury on 1/5/14 when he fell through an open hatch striking his left knee on the edge. He has treated with medications, therapy and surgery, status post lateral meniscus tear 6/22/14. Most current medical records of 9/11/14 indicate complaints of shooting pain from heel to posterior left knee with numbness at knee. He reports weakness of quads and pain 3-7/10 with flexion. He also reports minimal benefit from Celebrex medication. An examination is noted as minimum effusion, slight warmth of knee, marked crepitus, active range of motion 0/103, passive range of motion 0/95, good strength, stable anterior cruciate ligament (ACL)/ posterior cruciate ligament (PCL). Diagnosis is lateral meniscus tear, status post scope meniscectomy with extensive chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided steroid injection into the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg Corticosteroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: Based on a review of the documents provided, the requested ultrasound guidance injection into the left knee is not medically necessary. The ACOEM medical treatment guidelines do not support the routine use of ultrasound guidance for knee injections. Injections are typically performed via anatomical guidelines. There are no unusual risk factors noted to support the requested use of ultrasound guidance.