

Case Number:	CM14-0182891		
Date Assigned:	11/07/2014	Date of Injury:	08/10/2010
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 55-year-old woman who sustained a work-related injury on August 10, 2010. Subsequently, patient developed with chronic bilateral knee pain. According to a progress report dated on October 1, 2000 patient was complaining of bilateral knee pain. The patient physical examination demonstrated bilateral knee pain with limited range of motion, positive McMurray's test and positive patellar compression test bilaterally. The patient was diagnosed with right and left knee internal derangement. The provider request authorization for ultrasound-guided corticosteroid injection bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound guided corticosteroid injection to the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 345. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: According to MTUS guidelines, and in the section of Knee Complaints, Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and

cortisone injections, are not routinely indicated. According to ODG guidelines, knee intra articular corticosteroid injection is recommended for short-term use only. The patient should respond to several criteria which are documented in the patient file in this case. Therefore, the request for1 Ultrasound guided corticosteroid injection to the bilateral knees is not medically necessary.