

Case Number:	CM14-0098328		
Date Assigned:	09/23/2014	Date of Injury:	05/23/2009
Decision Date:	10/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 55 year old female with a 5/23/09 injury date. She slipped on a wet floor and landed on her right knee. She has had significant treatment to her right knee including total knee arthroplasty, but her current complaints involve her left knee. In a follow-up on 6/11/14, subjective complaints included 8/10 pain in her knees, left greater than right. The pain radiates to her feet and anti-inflammatory meds are not helping. There are no recorded objective findings regarding the left knee. There are no imaging reports available. Diagnostic impression: left knee pain. Treatment to date: right total knee arthroplasty (2009), physical therapy, medications. A UR decision on 6/23/14 denied the request for left knee cortisone injection with ultrasound guidance on the basis that there are no diagnostic findings consistent with left knee osteoarthritis and no objective findings on physical exam to substantiate the claimant's left knee complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LT KNEE INTRA-ARTICULAR STEROID & ANESTHETIC INJECTION MICROMAX
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

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 Chapter.

Decision rationale: CA MTUS does not address this issue. ODG supports corticosteroid injections for short-term use in the evaluation/management of patellofemoral injuries and/or osteoarthritis of the knee. In this case, the diagnosis of the left knee is unclear. There are no imaging studies available for review and there is a paucity of reported objective findings in relation to the left knee. In addition, ODG does not support the routine use of ultrasound-guidance in knee injections because they have not been shown to result in improved patient-oriented outcomes. Traditionally, knee injections have been performed by using anatomic landmarks for guidance. The medical necessity of the proposed procedure is not established at this time. Therefore, the request for LT KNEE INTRA-ARTICULAR STEROID & ANESTHETIC INJECTION MICROMAX ULTRASOUND is not medically necessary.