

Case Number:	CM14-0100543		
Date Assigned:	09/16/2014	Date of Injury:	12/23/2013
Decision Date:	06/22/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 42 year old male, who sustained an industrial injury on 12/23/13. He reported low back, left shoulder, left wrist, left leg, buttocks, mid back , groin, neck and right knee injury after slipping on grease and falling. The injured worker was diagnosed as having lumbago, right knee pain, right knee medial meniscus tear, left wrist pain and sciatica. Treatment to date has included physical therapy, oral medications including opioids, epidural steroid injections and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 2/13/14 revealed a normal study. (MRI) magnetic resonance imaging of upper extremity joint performed on 3/20/14 revealed possible small avulsion injury of radial styloid. Currently, the injured worker complains of left leg pain, relieved 60-70% by epidural injection of L5-S1. Physical exam noted tenderness of left side of lumbar spine at L4-5 and L5-S1 facets with decreased range of motion of lumbar spine, left wrist revealed slight tenderness oat the radial styloid, slight tenderness on ulnar side and full painless range of motion and right knee exam was unremarkable. A request for authorization was submitted for right knee injection under ultrasound guidance, left sided ulnar injection under ultrasound guidance, consultation and urology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right knee injection of lidocaine, Marcaine and Kenalog under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-351.

Decision rationale: The ACOEM Guidelines support the use of steroids injected into the knee when indicated. However, steroid injections are not routinely necessary, and repeated injections are not encouraged. The submitted and reviewed records indicated the worker was experiencing pain in the lower back, left wrist, and right knee, among non-pain issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an injection of lidocaine, marcaine, and kenalog into the right knee using ultrasound guidance is not medically necessary.

1 Left sided ulnar injection of lidocaine, Marcaine and Kenalog under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: The ACOEM Guidelines support the use of steroids with lidocaine injected into the hand or wrist for the treatment of trigger finger, mild or moderate carpal tunnel syndrome when a trial of medication and splinting is not helpful, and clearly identified cases of DeQuervain's sinusitis and tenosynovitis. However, repeated injections are discouraged. The submitted and reviewed records indicated the worker was experiencing pain in the lower back, left wrist, and right knee, among non-pain issues. There was no discussion suggesting any of the above conditions or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an injection of lidocaine, marcaine, and kenalog into the left ulnar side of the wrist using ultrasound guidance is not medically necessary.