

Case Number:	CM14-0212022		
Date Assigned:	01/02/2015	Date of Injury:	03/02/2012
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 2, 2012. In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve a request for a knee steroid injection under MAC anesthesia using ultrasound guidance. A variety of MTUS and non-MTUS Guidelines were invoked. The claims administrator stated that the applicant had apparently developed complex regional pain syndrome following an earlier failed knee arthroscopy procedure. The claims administrator referenced a November 18, 2014 office visit in its determination. The applicant's attorney subsequently appealed. In a January 13, 2015 medical-legal evaluation, the applicant reported persistent complaints of low back, knee, hip, hand, and wrist pain, exacerbated by activities of daily living as basic as gripping, grasping, lifting, sitting, standing, and walking. The applicant was apparently using a cane at times, it was acknowledged. The medical-legal evaluator suggested that the applicant consider an intrathecal pain pump and/or obtain a motorized wheelchair. The medical-legal evaluator acknowledged that the applicant was not working. The remainder of the file was surveyed. The documentation comprised largely of medical-legal reports; the November 18, 2014 office visit and associated RFA form of November 17, 2014 on which the article in question was sought were not seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee steroid injection under MAC anesthesia using ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 48, 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Intraarticular Glucocorticosteroid Injections section

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as the knee steroid injection at issue are not routinely indicated. Here, the documentation on file did not clearly establish a role for knee corticosteroid injection therapy. The November 17, 2014 RFA form and November 18, 2014 progress note on which the article in question were requested were not seemingly incorporated into the Independent Medical Review packet. It was not clearly stated whether the request in question represented a first-time request or a repeat request. It was not clearly established whether the applicant had or had not had previous corticosteroid injection therapy. The Third Edition ACOEM Guidelines further note that knee corticosteroid injections are generally performed without fluoroscopic or ultrasound guidance. Here, it was not clearly established why the attending provider was seeking ultrasound guidance for the injection in question, nor was it stated why the attending provider was seeking MAC anesthesia for the procedure, although it is acknowledged that the November 17, 2014 RFA form and associated November 18, 2014 progress note on which the article in question was requested were not incorporated into the Independent Medical Review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.