

<b>Case Number:</b>	CM14-0212716		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 60 year-old female with a 10/24/2013 date of injury. According to the 10/23/14 initial orthopedic report, the patient is a CNA and she injured her right hip, lumbar spine and right leg while trying to transfer a patient from a wheelchair to a bed. On 10/23/14, the patient had decreased right knee flexion compared to the left, McMurrays, Apleys were positive on the right, there was medial tenderness. The orthopedist requested an ultrasound guided injection to the right knee. On 11/21/2014 utilization review denied an Ultrasound guided corticosteroid injection right knee citing ODG guidelines, but did not provide a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided corticosteroid injection right knee.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Intraarticular glucocorticosteroid injections

**Decision rationale:** The patient presents with right knee pain and positive knee orthopedic tests. The orthopedist requests ultrasound guided corticosteroid injection for the right knee. ACOEM chapter 13, Knee, page 339 states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. ODG-TWC guidelines, Knee section online for Criteria for Intraarticular glucocorticosteroid injections states these injections are "Generally performed without fluoroscopic or ultrasound guidance" ODG guidelines recommend corticosteroid injections for short-term use only, but state that In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. The request for Ultrasound guided corticosteroid injection right knee is not medically necessary.