

<b>Case Number:</b>	CM15-0010414		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old female sustained an industrial injury on 10/23/13. She subsequently reports low back, right hip and lower extremity pain. Diagnoses include sprain and strain of the lumbar spine, right hip, right knee, right ankle and right foot. There are associated diagnoses of anxiety, insomnia and depression. Prior diagnostic tests include x-rays of the right knee that was reported to show degenerative changes. The documented objective findings are decreased range of motion of the lumbar spine and hips, tenderness of the lumbar facet areas, positive straight raising test and decreased sensation of bilateral L5,S1 dermatomes. There was no objective findings reported on the right knee. On 12/23/14, Utilization Review denied the request for U/S guided corticosteroid injection right knee. The U/S guided corticosteroid injection right knee was denied based on MTUS, ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**U/S guided corticosteroid injection right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Ultrasound, Diagnostic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee

**Decision rationale:** The CA MTUS did not specifically address the utilization of steroid injections for joint pain. The ODG guidelines recommend that interventional joint steroid injections can be utilized for the treatment of severe arthritis joint pain that did not respond to conservative treatments to medications and PT. The records did not show subjective, objective and radiological findings to support the utilization of steroid injection to the right knee. There was no documentation of significant objective findings on the right knee. The criteria for the utilization of ultrasound guided corticosteroid injection to the right knee was not met.