

Case Number:	CM15-0010491		
Date Assigned:	01/28/2015	Date of Injury:	11/13/2011
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	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: Georgia

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:

The injured worker is a 52 year old female, who sustained an industrial injury on November 13, 2011. The diagnoses have included left knee sprain/strain and osteoarthritis of their lower leg. She was treated with pain and non-steroidal anti-inflammatory medications. Currently, the injured worker complains of right knee pain. On December 15, 2014, the treating physician reports severe degenerative joint disease of the right knee on x-rays. The treatment plan includes a cortisone injection with ultrasound for the right knee. On December 19, 2014 Utilization Review non-certified a request for a cortisone injection with ultrasound for the right knee, noting the injured worker's diagnosis, cortisone injections are usually done without the need for ultrasound guidance, and the lack of documentation of hard objective findings and discussion of the need for ultrasound guidance. The California Medical Treatment Utilization Schedule (MTUS) Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection with Ultrasound to The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: Cortisone Injection with Ultrasound to the Right Knee is not medically necessary. The ODG states that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subarticular injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines recommend at least 2-3 weeks of conservative therapy prior to attempting steroid injections of the knee. The medical records lack documentation of failed conservative therapy to include anti-inflammatory medications and physical therapy. The provider noted that the patient failed medications but there was no report of failed physical therapy; therefore, the requested service is not medically necessary.