

Case Number:	CM15-0011145		
Date Assigned:	01/29/2015	Date of Injury:	11/07/2002
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 01/07/2002 due to an unspecified mechanism of injury. On 01/07/2015, he presented for a followup evaluation. It was noted that he continued to have knee pain. A physical examination of the left knee showed that he rated his pain at a 6/10. He had positive crepitus and painful McMurray's. There was tenderness to palpation of the medial joint line and popliteal pain. It should be noted that the document provided was handwritten and illegible. He was diagnosed with status post PLIF. The treatment plan was for 1 left knee cortisone injection under ultrasound guidance. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Cortisone Injection under Ultrasound Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The California ACOEM Guidelines indicate that invasive techniques are not routinely indicated because they carry risk of subsequent intra-articular infection. The documentation provided indicates that the injured worker reported pain in the left knee. However, there is a lack of documentation indicating that he has tried and failed all recommended forms of conservative therapy towards relieving his left knee symptoms to support the request. Also, the guidelines do not routinely recommend the use of injections into the knee due to a risk of infection, and therefore, the request would not be supported. As such, the request is not medically necessary.