

<b>Case Number:</b>	CM15-0012604		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Arizona

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 56-year-old male who reported an injury on 06/25/2009 due to an unspecified mechanism of injury. On 01/05/2015, he presented for a followup evaluation and reported soreness, stiffness, swelling, tenderness and pain and weakness and crepitus of the right and left knee. He rated his pain at a 6/10 at rest and an 8/10 with activity. He also complained of reduced functional abilities including activities of daily living and ambulating on even or uneven surfaces. A physical examination was not provided. The treatment plan was for a right knee injection with steroid, lidocaine and Marcaine. The rationale for treatment was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right knee injection with steroid, Lidocaine, Marcaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints

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**Decision rationale:** The California/ACOEM Guidelines indicate that injections are not routinely indicated for the knee. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right and left knee. However, there is a lack of documentation to support the medical necessity of an injection. The documentation provided does not indicate that the injured worker has tried and failed all recommended conservative therapies or that he has failed oral medications to support the request for an injection. Also, the documentation provided did not show physical examination findings of a significant decrease in function to support the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.