MAXIMUS Federal Services

Case Number:	CM15-0014043		
Date Assigned:	02/02/2015	Date of Injury:	09/30/2014
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/25/2015

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 49-year-old male who reported injury on 09/30/2014. The mechanism of injury was the injured worker was halfway out of his truck when a vehicle rear-ended his truck. The accident reportedly pushed the injured worker out of the truck and over a fence approximately 3 to 4 feet away. There was no known surgical history. The documentation of 12/29/2014 revealed the injured worker had left knee pain. The physical examination revealed the injured worker had an effusion in the left knee. The diagnoses included rule out cervical spine and lumbar spine myofasciitis with radiculitis. The treatment plan included a left knee joint effusion aspiration and cortisone injection under ultrasound guidance and an MRI. There was a Request for Authorization submitted for review dated 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cortisone Injection Under Ultrasound: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Ultrasound, diagnostic

Decision rationale: The American College of Occupational and Environmental Medicine indicate that invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. They do not, however, address ultrasound usage. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that there is data to support the ultrasound guidance for accuracy of knee joint injections and reduce procedural pain in some cases; however, the data does not support improved clinical outcomes from ultrasound guidance for all knee joints. As such, this request would not be supported. As it is not recommended per the American College of Occupational and Environmental Medicine and the injection is not recommended with ultrasound guidance, this request would not be supported. Additionally, the request as submitted failed to indicate the body part to be treated with the injection. Given the above, the request for cortisone injection under ultrasound is not medically necessary.