

<b>Case Number:</b>	CM15-0014480		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 60 year old female who was injured in an industrial accident on 10/28/13. She currently complains of pain in the lumbar spine, right hip and lower extremities. Since she has been off work and taking medications there is some improvement in pain. Her diagnoses include lumbar spine sprain/ strain rule out radiculitis/ radiculopathy, secondary to herniated lumbar disc; right hip sprain/ strain, rule out internal derangement; right knee sprain/ strain rule out internal derangement; right ankle sprain/ strain; right foot sprain/ strain, plantar fasciitis; anxiety, depression; gastritis; insomnia and history of motor vehicle accident (11/13) with cervical and lumbar sprain/ strain. Diagnostics included X-rays of the lumbar spine, right hip, right foot, right knee and right leg. Progress note dated 10/23/14 requests ultrasound guided corticosteroid injection of the right knee for alleviation of pain and discomfort. On 12/23/14 Utilization review non-certified the request for ultrasound guided corticosteroid injection of the right knee citing ACOEN Guidelines: Knee Complaints and ODG: Knee & Leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Guided Corticosteroid Injection of the 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 & Leg

**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 medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of knee joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports knee injection for: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such the medical records provided for review do not support medical treatment of right knee steroid injection.