

Case Number:	CM15-0111374		
Date Assigned:	06/17/2015	Date of Injury:	10/07/2014
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43-year-old male who sustained an industrial injury on 10/07/14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI of the left knee on 10/30/14 and range of motion/muscle strength testing on 03/31/15 and 05/05/15. Current complaints include left knee pain. Current diagnoses include bilateral knee strain/sprain, and lumbar spine strain/sprain. In a progress note dated the treating provider reports the plan of care as an ultrasound guided corticosteroid injection to the bilateral knees, an interferential unit for home use, physical therapy to the bilateral knees, and continued medications. The requested treatments include an ultrasound guided injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 19.

Decision rationale: According to the guidelines steroid injections are recommended for arthritis of the knee with the following criteria: Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen). Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. Intended for short-term control of symptoms to resume conservative medical management or delay TKA; Generally performed without fluoroscopic or ultrasound guidance. In this case, the claimant's diagnoses and imaging are not consistent with the guidelines and arthritis criteria. The request therefore for an injection of the left knee is not medically necessary.