

<b>Case Number:</b>	CM15-0121697		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: North Carolina

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 45 year old female, who sustained an industrial injury on August 22, 2013, incurring left knee injuries after a slip and fall. She was diagnosed with left knee sprain, closed dislocation of the left patella and patellofemoral arthritis. Treatment included rest, ice, activity modifications, physical therapy, anti-inflammatory drugs, topical analgesic creams and work restrictions. Currently, the injured worker complained of left knee pain, swelling and difficulty with activities of daily living. Magnetic Resonance Imaging of the left knee revealed patellofemoral arthrosis. The treatment plan that was requested for authorization included left knee steroid injection using ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee steroid injection using ultrasound guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**Decision rationale:** The ACOEM chapter on knee complaints states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. The provided clinical documentation for review does not provided evidence for the need of this injection to outweigh the ACOEM recommendations listed above and therefore the request is not medically necessary.