

Case Number:	CM15-0127519		
Date Assigned:	07/14/2015	Date of Injury:	08/29/2006
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 29, 2006. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for corticosteroid injections to the knees under ultrasound guidance. A May 15, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On May 15, 2015, the applicant reported ongoing multifocal complaints of neck pain radiating to the upper extremities, wrist and hand pain with associated paresthesias, low back pain radiating to the legs, and bilateral knee pain. The applicant had received earlier lumbar epidural steroid injection therapy, earlier left knee arthroscopy, earlier right knee arthroscopy, and earlier right knee carpal tunnel release surgery, it was reported. The applicant was not working, it was noted, and had last worked on December 12, 2006. Bilateral knee pain was reported. Portions of the note appeared to have been truncated as a result of repetitive photocopying and faxing. The treatment plan section of the note was conspicuously absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid major joint injections with ultrasound guidance bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 704 Intra-Articular Glucocorticosteroid Injections These injections are generally performed without fluoroscopic or ultrasound guidance.

Decision rationale: No, the request for a corticosteroid injections of the knee under ultrasound guidance was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as the cortisone injections at issue are "not routinely indicated." Here, portions of the May 15, 2015 progress note in which the article in question was apparently sought were truncated. The attending provider's treatment plan section was conspicuously absent. The limited information on file which was submitted did not furnish a clear or compelling rationale for the cortisone injections in the face of the tepid ACOEM position on the same. The MTUS does not address the topic of ultrasound guidance for knee corticosteroid injections. However, the Third Edition ACOEM Guidelines note that intra-articular knee corticosteroid injections, i.e., the article at issue here, are generally performed without fluoroscopic or ultrasound guidance. Here, a clear or compelling rationale for ultrasound guidance in the face of the tepid to unfavorable ACOEM position on the same was not furnished by the attending provider. Again, portions of the treatment plan were conspicuously absent. Therefore, the request was not medically necessary.