

<b>Case Number:</b>	CM15-0043191		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/08/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 55-year-old male correctional officer who reported an injury on 02/13/2014 that occurred when he had an altercation with an inmate. The current diagnosis is lower leg pain. Past treatment includes the use of medications, acupuncture, physical therapy and knee injections. Diagnostic studies include an x-ray of the knee dated 07/24/2014, which revealed osteoarthritic changes and traction spurring, with prominent osteophyte noted on the right. There are no prior surgeries noted. The clinical note dated 02/18/2015, indicates the injured worker came in with continued complaints of the left knee. Physical exam noted decreased range of motion of the left knee with flexion at 80 degrees, extension at 20 degrees and positive weight bearing pain. There was noted crepitus on bilateral knees, with noted tenderness to palpation. The records indicate the injured worker was not currently taking any medications. The current request is for ultrasound guidance for injections, quantity 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guidance for injections, quantity: 6,:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Ultrasound, diagnostic.

**Decision rationale:** The Official Disability Guidelines state that in the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound for knee joint injections is not generally necessary. The clinical documentation submitted for review shows no indication as to why typical anatomical landmarks are not sufficient for correct placement of injection. Given the above, the request for ultrasound guidance for injections, quantity 6 is not medically necessary.