

Case Number:	CM15-0067581		
Date Assigned:	04/15/2015	Date of Injury:	10/21/2014
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 43-year-old male who sustained an industrial injury on 10/21/2014. Diagnoses suspected left meniscus tear and knee effusion. Treatment to date has included medications, knee aspirations and injections and physical therapy. Diagnostics included x-rays and MRIs and lab evaluation of synovial fluid. According to the progress notes dated 3/30/15, the IW reported continuing left knee and lower back pain. Left knee inflammation was present on exam. A request was made for ultrasound-guided aspiration and cortisone injection to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgical ultrasound guided aspiration and cortisone injection to the the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-knee and leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterKnee.

Decision rationale: The CA MTUS-ACOEM and the ODG guidelines recommend that interventional joints injections can be utilized for the treatment of severe joint pain when conservative treatments with medications and PT have failed. The records show that the patient had completed conservative treatments with medications and PT. There are subjective, objective and radiological findings consistent with the diagnosis of severe left knee arthritis. The criteria for the left knee outpatient's ultrasound guided aspiration and cortisone injection was met and medically necessary.