

Case Number:	CM15-0068124		
Date Assigned:	04/15/2015	Date of Injury:	04/12/2014
Decision Date:	05/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/10/2015

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 66-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 12, 2014. In a Utilization Review report dated April 8, 2015, the claims administrator approved a knee corticosteroid injection while denying ultrasound guidance for knee replacement purposes. A March 25, 2015 order form and associated progress note of February 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant underwent a knee arthroscopy, chondroplasty, and partial medial and lateral meniscectomies. In a handwritten progress note dated March 25, 2015, the applicant reported persistent complaints of knee pain. A knee corticosteroid injection and additional physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. The applicant was still using a cane and exhibited a visibly antalgic gait, the treating provider reported. On February 19, 2015, the applicant was again placed off of work, on total temporary disability. Viscosupplementation injection therapy under ultrasound guidance was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for needle placement, per 3/25/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Knee, Specific Diagnoses, Knee Pain and Osteoarthritis, Injections Intra-Articular Glucocorticosteroid Injections Intra-articular glucocorticosteroid injections are frequently performed to attempt to deliver anti-inflammatory medication to the joint with minimal systemic effects.(1270, 1271, 1289, 1304, 1309, 1334-1342) Their usual purpose is to gain sufficient relief to either resume conservative medical management or to delay operative intervention. These injections are generally performed without fluoroscopic or ultrasound guidance.

Decision rationale: No, the proposed ultrasound guidance for needle placement was not medically necessary, medically appropriate, or indicated here. The request in question seemingly represents a request for ultrasound guidance in conjunction with a planned corticosteroid injection. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter Intraarticular Glucocorticosteroid Injection section notes that glucocorticosteroid injections are generally performed without fluoroscopic or ultrasound guidance. Here, the attending provider failed to furnish a compelling applicant-specific rationale for usage of ultrasound guidance in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Cortisone injection right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for a cortisone injection for the knee was likewise 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 injection at issue are not routinely indicated. Here, as with the preceding request, the attending provider's handwritten progress notes of February 19, 2015 and March 25, 2015 were difficult to follow, not entirely legible, and did not contain much supporting rationale for the request. It is not clearly stated why corticosteroid injection therapy was sought in the face of the tepid ACOEM position on the same. The applicant's response to a prior viscosupplementation injection had seemingly not been detailed. Therefore, the request was not medically necessary.