

<b>Case Number:</b>	CM15-0069106		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

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 48 year old male, who sustained an industrial injury on 8/02/2013, while employed as a carpenter. He reported continuous trauma injuries. The injured worker was diagnosed as having cervical and lumbar sprain/strain secondary to herniated discs, left and right knee sprain/strain, status post arthroscopy (right in 2010 and left undated), left and right ankle sprain/strain, rule out internal derangement, cephalgia, bilateral inguinal hernias, and gout. Treatment to date has included diagnostics, physical therapy, and medications. Magnetic resonance imaging of the left and right knees, dated 2/27/2015, were submitted. Magnetic resonance imaging of the left and right ankles and lumbar spine, dated 2/28/2015, were submitted. Currently, the injured worker complains of pain in his neck, low back, bilateral knees, and bilateral ankles. His knee pain was aggravated by repetitive kneeling, squatting, and lifting. Exam of the bilateral knees noted positive McMurray's tests, medial joint line tenderness, and positive chondromalacia patellar compression tests. Medication use included Norco, Ultram, Anaprox, Prilosec, Flexaril, Lido Keto cream with Flexaril, topical compound cream, and Lidoderm patches. His work status was total temporary disability. His height was 5'7" and his weight was 209 pounds. The treatment plan included ultrasound guided cortisone injections for the knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided corticosteroid injection right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 48, 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Corticosteroid Injections.

**Decision rationale:** The Official Disability Guidelines have established criteria for the use of corticosteroid injection for the knee and whether ultrasound guidance is necessary. The guidelines state that in the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. The primary criteria for intraarticular glucocorticosteroid injections is documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. In this case, per the above-cited guidelines, there is no need for the use of ultrasound guidance for this procedure. Further, the medical records do not support the diagnosis of osteoarthritis of the knee. This includes the results of recent imaging studies. Given the use of ultrasound guidance and the lack of support of criteria for osteoarthritis, the use of ultrasound guidance for a corticosteroid injection for the right knee is not considered as medically necessary.