

<b>Case Number:</b>	CM15-0099115		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	02/24/1999
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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

### 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 61 year old female who sustained an industrial injury on February 24, 1999. She has reported pain in the knee first left then right and has been diagnosed with bilateral total knee replacements with pain in the right knee, but better range of motion in the right knee compared to the left. Treatment has included injections, medications, surgery, and physical therapy. Physical examination noted one scar on her left knee from the total knee replacement. Her right knee had more pain and discomfort. Extension of the right and left knee are 180 degrees, but at 180 degrees with the right knee, she had discomfort and pain, whereas with the left, she was fairly normal. She could flex to 120 degrees with her right knee, but only 90 degrees with her left. There was decreased range of motion of the left knee, but she had more pain in the right knee. The treatment request included right knee consult/injection. She has had periodic trigger point injections at various locations, no medical rationale is given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee consult/injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The records indicate periodic trigger point injections have been given to various areas around the knee. Guidelines have very specific requirements (50% pain relief for at least 6 weeks, improved functioning, presence of a trigger point on exam) to justify the recurring use of trigger point injections, these requirements are not met. The resulting level of pain relief and functional improvements from the injections is not documented. The current presence of a trigger point on exam is not documented. Under these circumstances, the request for consultation-injection by [REDACTED] is not supported by Guidelines and is not medically necessary.