

Case Number:	CM14-0152555		
Date Assigned:	09/22/2014	Date of Injury:	09/17/2012
Decision Date:	11/05/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 43 year old female with a date of injury on 9/17/2012. Subjective complaints are of right knee pain rated 8/10, and right hip pain rated 10/10. Physical exam shows patient walks with a cane, and right knee has pain with range of motion and crepitus. There is tenderness in the peripatellar area, and right medial joint line. Request is for an ultrasound guided right knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right knee ultrasound guided Injection one time: 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): 346.

Decision rationale: The ACOEM recommends that knee joint injections are an option for the management of knee pain. While a knee joint injection may be indicated for this patient, the request as written does not identify the type of medication to be injected. Furthermore, there is not sufficient rationale or documentation for the consideration of a knee joint injection. Therefore, the medical necessity for a right knee joint injection is not established at this time.

Therefore, the request of outpatient right knee ultrasound guided Injection; one time is not medically necessary and appropriate.