

<b>Case Number:</b>	CM13-0032129		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/15/2005
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Louisiana and Texas. 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 physician 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:

The patient is a 63-year-old male who reported an injury on 04/15/2005. The patient is currently diagnosed with lumbar spine sprain and strain, multilevel disc disease, right shoulder sprain and strain with supraspinatus tendon tear, and status post bilateral shoulder arthroscopy in 2006. The patient was seen by [REDACTED] on 08/27/2013. Physical examination revealed tenderness to palpation of the lumbar spine with positive Kemp's testing bilaterally, tenderness to palpation of the left knee, diminished range of motion, and tight hamstring muscle bilaterally. The patient also demonstrated diminished sensation in the bilateral lower extremities. Treatment recommendations included continuation of home exercise program, authorization for physical therapy for the left knee, and a diagnostic ultrasound versus MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic ultrasound left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Ultrasound, diagnostic

**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), Knee & Leg Chapter, Ultrasound, diagnostic

**Decision rationale:** The MTUS/ACOEM Practice Guidelines indicate special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Official Disability Guidelines indicate diagnostic ultrasound is recommended for specific indications. Soft tissue injuries are best evaluated by an MRI. Ultrasound guidance for knee joint injections is not generally necessary, but may be considered for specific cases. According to the clinical notes submitted, it was noted by the Provider on 08/27/2013, the employee was to undergo an ultrasound versus an MRI for the left knee secondary to giving-way and positive orthopedic testing. However, Official Disability Guidelines indicate soft tissue injuries including meniscal, chondral surface injuries, and ligamentous disruption are best evaluated by an MRI. There was no objective evidence of instability. The medical necessity for diagnostic ultrasound has not been established. Therefore the request is non-certified.