

Case Number:	CM13-0043887		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2013
Decision Date:	02/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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:

This patient is a 67-year-old female with date of injury of 3/2/13. A report dated 10/8/13 report by [REDACTED] states that patient complains of low back pain with radiation to thighs, as well as bilateral knee pain. Listed diagnoses are lumbosacral sprain/strain, bilateral lower extremity radiculopathies, left side greater than right side, cervical spine S/S, bilateral shoulder S/S, bilateral knee contusions, left knee PFA, rule out internal derangement. The treatment plan was for bilateral knee ultrasound to rule out internal derangement and MRI of the lumbar spine to rule out disk pathology. The request for ultrasound of the knee was denied by utilization review letter 10/16/13. The rationale provided was that the use of ultrasound is only for imaging of the ACL in the presence of hemarthrosis or for followup per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the bilateral knees: 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 ODG

Decision rationale: This patient presents with bilateral knee pain since her industrial injury. The treating physician, [REDACTED], has requested diagnostic ultrasound of the bilateral knees per his report dated 10/8/13. He does not provide any other discussion other than to rule out "internal derangement." The MTUS and ACOEM Guidelines are silent on this issue. However, the Official Disability Guidelines provide discussion regarding ultrasound for diagnostic purposes. It states that soft tissue injuries are best evaluated by MRI. In addition to MRI, sonography has been shown to be diagnostic for acute ACL injuries in the presence of a hemarthrosis or for followup. In this patient, there is no reason to consider ultrasound rather than an MRI. Ultrasound appears to have limited value for diagnosis of acute ACL tear when there is hemarthrosis. None of the examinations documented hemarthrosis or suspicion for acute ACL tear. Given the limited value of diagnostic ultrasound compared to MRI, recommendation is for denial of the requested ultrasound diagnostic studies of the bilateral knees.