

<b>Case Number:</b>	CM13-0052330		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Orthopedic Surgery, 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:

This is a 60-year-old male who sustained an injury on June 1, 2011. He apparently had a slip and fall in a muddy field and he struck his right knee against a pipe and he twisted his body and fell towards his left. He is complaining of neck pain radiating into his left upper extremity, pain in his left shoulder, low back, right knee, and right ankle. The knee examination reveals crepitation during range of motion testing of both knees, joint line tenderness on the right, positive Apley test on the right, no ligamentous laxity. Right ankle reveals decreased range of active motion, tenderness over the inner and outer aspects of the ankle and tenderness over the right heel. He had 2 injections in his right ankle and 1 injection in his right knee without any significant relief. He had physical therapy prescribed for his right knee which seemed to aggravate his right knee pain. He has been on tramadol for several months and sees a [REDACTED] for pain management. An MRI scan of his right knee dated 10/10/13 revealed mild osteoarthritis of the medial compartment with myxoid degeneration of the meniscus without any tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**VICODIN ES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**COLD UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**INFERENTIAL UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**RIGHT KNEE ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** MTUS states a partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscal tear other than simply pain. These would include giving way, recurrent effusion, locking, and popping, also, tenderness over the area of the suspected tear but not over the entire joint line. A consistent finding on MRI scans. In addition,

arthroscopic and meniscal surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. This patient has no specific symptoms indicating a tear of the medial meniscus. He has pain along the entire joint line and popping in both knees. Another examiner reported pain over the entire knee. He has an MRI scan which fails to reveal a tear of the medial meniscus. He does have degenerative changes in the medial compartment which may compromise the results of arthroscopic surgery. Therefore the medical necessity of arthroscopic surgery has not been established.

**SOFT TISSUE ULTRASOUND OF RIGHT FOOT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** MTUS states that ultrasound is not recommended. The effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remained questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo. Therefore, the medical necessity of ultrasound has not been established.

**SOFT TISSUE ULTRASOUND OF RIGHT ANKLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The effectiveness of ultrasound for treating people with pain, skeletal muscular injuries, and soft tissue lesions remains questionable. There is little evidence that it is more effective than placebo in treating patients with pain or a wide range of musculoskeletal injury or for promoting soft tissue healing. Therefore, the medical necessity of using ultrasound has not been established.