

<b>Case Number:</b>	CM13-0064324		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/04/1994
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine, Pulmonary Diseases 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 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:

The injured worker is a 59-year-old male who reported an injury on 09/04/1994 due to an unknown mechanism. Diagnoses were complex left total knee replacement, prior tibial osteotomy-mechanically stable at 15 years, osteolysis phenomenon left knee with synovitis and effusion, right knee pain, probable early polyethylene wear, lumbar arthrosis with mechanical back pain, no evidence of radiculopathy, extensor reconstruction right knee for quad tear - stable, no lag, right shoulder decompression - stable, obesity, and diabetes. Past treatments reported were aspiration of the left knee, with a cortisone injection. Diagnostic studies were x-ray of bilateral knees. Surgical history was total left knee replacement about 15 years ago. He also had a total right knee replacement about 9 years ago. Physical examination on 08/27/2013 revealed complaints of left knee pain. Examination revealed left knee had some mild puffiness with range of motion from 0 to 120 degrees. Treatment plan was for a revision procedure for an arthrotomy and modular bearing change. Continue activities as tolerated. Medications were not reported. Treatment plan was for knee surgery. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND OF THE KIDNEYS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Practice Guideline for the Performance of an Ultrasound Examination of the Abdomen and/or Retroperitoneum.

**Decision rationale:** The request for ultrasound of the kidneys is non-certified. The American College of Radiology states that the indication for ultrasound examination of the abdomen and/or retroperitoneum should include abdominal, flank, and/or back pain and should have signs or symptoms that may be referred from the abdominal and/or retroperitoneal regions, such as jaundice or hematuria. Ultrasound is indicated for palpable abnormalities such as an abdominal mass or organomegaly. Also, abnormal laboratory values or abnormal findings on imaging examinations suggestive of abdominal and/or retroperitoneal pathology or follow-up of unknown or suspected abnormalities in the abdomen and/or retroperitoneum. It was not noted in the report submitted that any type of physical findings in the abdomen or any type of abnormal laboratory results would necessitate the need for an ultrasound of the kidneys. It was not noted that imaging revealed any type of abnormal findings. There was a handwritten note dated 12/16/2013 that stated the injured worker needs an ultrasound of the kidneys as well as the standard pre-ops due to his history of kidney stones. The rationale for the request does not support the medical necessity of an ultrasound for the kidneys by the recommendations of the American College of Radiology. Therefore, the request is non-certified.