

Case Number:	CM14-0100345		
Date Assigned:	09/16/2014	Date of Injury:	11/27/2013
Decision Date:	10/28/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine 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 42 year old female who sustained injuries to her bilateral knees on 11/27/13. The mechanism of injury is due to cumulative trauma while performing her usual and customary duties as a bus driver. The injured worker was assisting a wheel chair bound passenger and injured her left knee, possibly twisting while assisting the passenger. A doctor's initial report of injury or illness dated 05/15/14 pain in the right knee as well due to repetitive pedal operation, getting in and out of the bus, and prolonged positioning/driving. Continued difficulties driving, as she got up from her seat, she later developed worsening left knee pain. Physical examination findings of tenderness along the bilateral medial/lateral joint lines in the bilateral knees; decreased range of motion in the bilateral knees; plain radiographs of the knees were unremarkable. The injured worker was diagnosed with bilateral knee patellofemoral arthralgia and sprain/strain. Treatment to date for this injured worker has solely been medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound of bilateral knees: 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 and Leg (Acute & Chronic): Ultrasound, knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Ultrasound, Diagnostic, Updated October 7, 2014.

Decision rationale: According to the Official Disability Guidelines a diagnostic ultrasound of the knee is only indicated for acute anterior cruciate ligament injuries. Other soft tissue injuries such as those of the meniscus, chondral surface, or ligament disruption are best evaluated by MRI. Considering this, this request for an ultrasound the bilateral knees is not medically necessary.