

<b>Case Number:</b>	CM14-0103510		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, 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 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 patient is a 55 year old female with an injury date of 12/01/05. The 04/08/14 report by ■■■ states that the patient presents with constant sharp pain in the left knee with numbness and tingling in the left toes along with constant dull to sharp pain in the left ankle with swelling. The patient has a mild antalgic gait protecting the left ankle and is working modified duty. Lower extremity examination reveals plicae on the right side, medial retinaculum with swelling of the knees bilaterally and tenderness of the later joint line on the left side. There is decreased range of motion of the ankles greater right than left. The patient's diagnoses include: 1. Status post right ankle arthrodesis with fibrous union by history 2. Status post total knee arthroplasty left. The utilization review being challenged is dated 06/19/14. The rationale is not included. Reports were provided from 10/02/13 to 04/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound, Left Anterior Thigh:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The patient presents with left knee pain with numbness and tingling in the left toes, swelling of the bilateral knees, and left ankle pain with swelling. The treater requests for ultrasound, left anterior thigh. In this case, the treater does not discuss this request in the reports provided. The utilization review of 06/19/14 states the Request for Authorization is dated 06/05/14. This RFA is not included and all reports provided are dated prior to the RFA. The rationale for the utilization review is not included. The reports provided do not discuss any issues surrounding the patient's thigh. The patient has knee and ankle problems. The request does not define whether this is for treatments or diagnostic. The treater does not raise any specific concerns regarding the patient's thigh. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. Without clear documentation for the reason for the request, recommendation is for denial.