

Case Number:	CM14-0014352		
Date Assigned:	02/26/2014	Date of Injury:	03/26/2012
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine & Rehabilitation 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 66-year-old male who reported an injury on 03/26/2012 secondary to a fall. The clinical note dated 01/20/2014 reported the injured worker complained of bilateral knee popping and grinding with continued increasing pain over the left patellar tendon. He also reportedly stated difficulty in descending due to the patellar tendon pain. The physical examination of the bilateral knees revealed tenderness over the peripatellar region, as well as over the medial and lateral joint lines. There was also tenderness over the left knee patellar tendon, flexion was decreased, crepitus was present, grind test was positive, and McMurray's test elicited pain. The treatment plan included a request for diagnostic ultrasound of the bilateral knees due to ongoing patellar tendon pain on the left side. It was noted on 05/17/2012 the injured worker underwent an MRI which reportedly revealed a tear of the quadriceps tendon and patellar tendon with diffuse soft tissue edema and fluid in the suprapatellar bursa as well as the prepatellar bursa, retinaculum of the right knee joint capsule, and an injection to the right knee with Marcaine and morphine. The Request for Authorization dated 01/20/2014 was submitted for diagnostic ultrasound bilateral knees due to ongoing patellar tendon pain on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ULTRASOUND BILATERAL KNEES: 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 Official Disability Guidelines (ODG), Knee and Leg, Ultrasound, diagnostic

Decision rationale: The request for diagnostic ultrasound bilateral knees is non-certified. The Official Disability Guidelines state soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis. There is a lack of evidence in the submitted documentation the injured worker has undergone an MRI or made any attempts of conservative care to gain relief. Therefore, the request for diagnostic ultrasound for bilateral knees is non-certified.