

Case Number:	CM14-0015176		
Date Assigned:	03/10/2014	Date of Injury:	09/19/2012
Decision Date:	07/25/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational 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 patient is a 48-year-old male who has submitted a claim for lumbar sprain/strain with left lower extremity radiculopathy, left shoulder sprain/strain, cervical spine sprain/strain, left knee sprain/strain, and left wrist sprain/strain associated with an industrial injury date of September 19, 2012. Medical records from 2012-2013 were reviewed. The information provided was sparse and most of it handwritten and illegible. The patient complained of left knee pain, grade 5/10 in severity. Physical examination showed tenderness on the lateral joint line and popliteal fossa of the left knee. McMurray's test was positive. There was limited range of motion noted on the left knee. Imaging studies were not available. Treatment to date has included medications, chiropractic therapy, physical therapy, acupuncture, and activity modification. Utilization review, dated February 5, 2014, denied the request for diagnostic left knee ultrasound because no information was submitted regarding any proposed procedure likely to benefit the patient with the use of ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC LEFT KNEE ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg Chapter, Online Version.

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 Chapter, Ultrasound, diagnostic.

Decision rationale: CA MTUS does not specifically address ultrasound of the knee. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that ultrasound of the knee has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of a hemarthrosis or for follow-up. In this case, the patient was diagnosed to have left knee sprain/strain. ODG is silent regarding the use of ultrasonography for knee sprains or strains. The rationale of the request was also not provided. In addition, the most recent progress report was dated June 2013. The current clinical functional status of the patient is unknown. Therefore, the request for diagnostic left knee ultrasound is not medically necessary.