

Case Number:	CM14-0128458		
Date Assigned:	08/18/2014	Date of Injury:	06/25/2009
Decision Date:	09/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/25/09. A utilization review determination dated 8/7/14 recommends non-certification of diagnostic ultrasound of the right knee. 8 pool PT sessions for the right knee were certified. The patient has a history of ORIF of a right tibial plateau fracture 7/15/09. It referenced a 7/25/14 medical report identifying right knee issues and muscle weakness. Pain is 0-2/10. On exam, ROM is 130/0, McMurray's test is positive for pain. Thigh girth was 44.5 right and 46 left, while right calf was 35 and left was 36.5. Gait abnormality was visualized. Diagnostic ultrasound and aquatic therapy were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 Chapter, Ultrasound, diagnostic.

Decision rationale: Regarding the request for diagnostic ultrasound of the right knee, California MTUS does not address the issue. ODG notes that soft-tissue injuries (meniscal, chondral

surface injuries, and ligamentous disruption) are best evaluated by MRI, but sonography has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of a hemarthrosis or for follow-up. They also support its use as guidance for knee joint injections in some cases. Within the documentation available for review, there is no clear rationale provided identifying the medical necessity of a diagnostic ultrasound as well as a condition for which its use is supported by the guidelines. In the absence of such documentation, the currently requested diagnostic ultrasound of the right knee is not medically necessary.