

Case Number:	CM14-0152986		
Date Assigned:	09/23/2014	Date of Injury:	07/02/2010
Decision Date:	11/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 65-year-old female with a date of injury of 07/02/2010. The listed diagnosis per [REDACTED] is knee joint replacement. This patient is status post right total knee arthroscopy on 07/14/2014 and has moderate pain in the right knee. She has started outpatient physical therapy. Examination of the right knee revealed well-healed incisions, no specific tenderness. All other examination findings were within normal limits. Provider recommends the patient continue with physical therapy and "recheck in 6 weeks with sonogram to be done in our office for leg alignment." Utilization review denied the request on 08/29/2014. Treatment reports from 03/13/2014 through 08/22/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scanogram (orthoroentgenogram) 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 Campbell's Operative Orthopaedics, 12th ed. Limb-Length Discrepancy: Clinical Assessment

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

Decision rationale: This patient is status post right total knee arthroscopy on 07/14/2014 with residual moderate pain. The provider is requesting a "sonogram to be done in our office for leg alignment." ODG guidelines have the following regarding diagnostic use of Ultrasound under its knee chapter, "Recommended as indicated below. 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 or for follow-up." In this case, the patient does not present with any of the conditions for which an ultrasound would be indicated. It would appear a standard x-rays may be indicated rather than ultrasound for checking knee alignment. Therefore, this request is not medically necessary.