

Case Number:	CM14-0170515		
Date Assigned:	10/20/2014	Date of Injury:	06/27/2013
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

According to the records made available for review, this is a 41-year-old male with a 6/27/13 date of injury, and right knee surgery on 6/27/13. At the time (9/17/14) of Decision for Diagnostic ultrasound right knee, there is documentation of subjective (right knee pain radiating along the right lower extremity and difficulty ambulating upstairs) and objective (tenderness to palpitation over the right knee quadriceps muscle, slight decrease in the right knee range of motion, and positive McMurray's sign) findings, imaging findings (Reported x-ray of the right knee (8/30/13) revealed findings compatible with provided history of penetrating injury and surgery, no evidence for acute fracture, dislocation, or acute osteomyelitis, and right knee soft tissue edema), current diagnoses (right knee sprain/strain and intractable pain), and treatment to date (physical therapy, cortisone injections, and medications). There is no documentation of acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee and Leg; Ultrasound, Diagnostic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee & Leg, Ultrasound, diagnostic

Decision rationale: MTUS reference to ACOEM identifies that ultrasound has no scientifically proven efficacy in treating acute knee symptoms. ODG identifies documentation of acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up, as criteria necessary to support the medical necessity of sonography of the knee. Within the medical information available for review, there is documentation of diagnoses of right knee sprain/strain and intractable pain. However, there is no documentation of acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. Therefore, based on guidelines and a review of the evidence, the request for Diagnostic ultrasound right knee is not medically necessary.