

Case Number:	CM14-0170915		
Date Assigned:	10/23/2014	Date of Injury:	11/12/2007
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 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 with a date of injury of 11/02/2007. The listed diagnoses per [REDACTED] are status post bilateral knee scope, left, 2011; right, 2008, with residual OA and bilateral wrist peripheral neuropathy. According to progress report, 09/29/2014, the patient presents with buckling, giving way, popping, grinding, and sharp pain in the bilateral knees. The patient reports difficulty with walking and getting in and out of the car. Examination of the bilateral wrist revealed TTP with flexion and extension. Negative Tinel's and Phalen's, but positive Finkelstein's on the right. Examination of the bilateral knees revealed TTP at medial and lateral joint line. There positive grinding noted. The physician is requesting bilateral knee ultrasounds, to rule out internal derangement. Utilization review denied the request on 10/03/2014. Treatment reports from 08/18/2014 through 09/29/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) bilateral knee ultrasounds: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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, has the following regarding ultrasound, diagnostic

Decision rationale: This patient presents with bilateral knee locking, giving way, popping, and guarding. The patient is status post left knee arthroscopic surgery from August 2011 and right knee surgery from September of 2008. ODG Guidelines, under its Knee and Leg Chapter, has the following regarding ultrasound, diagnostic, "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 and the presence of a hemarthrosis or for follow-up." In this case, ODG seems to support U/S for diagnostic purposes. The reports do not show any recent diagnostics such as U/S or MRI's. Recommendation is for authorization.