

Case Number:	CM14-0171077		
Date Assigned:	10/23/2014	Date of Injury:	03/29/2013
Decision Date:	11/21/2014	UR Denial Date:	10/15/2014
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 Occupational Medicine and General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 46 year old male with date of injury of 3/29/2013. A review of the medical records indicate that the patient is undergoing treatment for left knee pain (chondromalacia and meniscal degeneration) and pain in several other joints not related to this decision. Subjective complaints include continued 6/10 pain in his left knee with walking or at rest. Objective findings include limited range of motion of the left knee with tenderness to palpation of the anterior segment. Treatment has included Naproxen, Topamax, and home exercises. The utilization review dated 10/15/2014 non-certified right knee ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Therapeutic Ultrasound, Right Knee, DOS: 9/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee, Ultrasound, Diagnostic

Decision rationale: MTUS is silent on diagnostic ultrasound sound of the knee. ODG states "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. (ACR, 2001) See also ACR Appropriateness Criteria. Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. (CMS, 2010) US guidance significantly improves the accuracy of joint injection, allowing a trainee to rapidly achieve high accuracy, but US guidance did not improve the short-term outcome of joint injection. (Cunnington, 2010) This systematic review confirms that short-term outcome improvements are present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. (Gilliland, 2011)". ODG states that "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR". The treating physician has not documented any of the above ODG guidelines for diagnostic ultrasound of the knee. Additionally, all the medical documents point to the left knee as having the chronic injury, yet the request is for the right knee ultrasound. As such, the medical request for ultrasound study of the right knee is not medically necessary.