

Case Number:	CM14-0021621		
Date Assigned:	05/05/2014	Date of Injury:	01/30/2013
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant, a psychiatric technician, is a 58-year-old female who was injured in a work related accident on 01/30/13. The records provided for review document that the accepted injuries include her low back, bilateral elbows, bilateral wrists, hands, bilateral knees and left ankle. Specific to this individual's left knee, there is a current diagnosis of patellofemoral arthralgia. The progress report on 01/20/14 noted left knee pain with buckling. Physical examination showed a positive McMurray's and grind testing on the left greater than the right lower extremity with flexion limited to 100 degrees on the left with full extension. There is no documentation of recent imaging for review. The recommendation was made for a diagnostic ultrasound of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ULTRASOUND LEFT 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure 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 in the presence of a hemarthrosis or for follow-up. (ACR, 2001) See also ACR Appropriateness Criteria; 1/2.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. According to the Official Disability Guidelines, diagnostic ultrasounds are indicated only as a second line form of diagnostic interpretation. ODG Guidelines indicate that an MRI scan is still the gold standard treatment of choice for soft tissue injuries including chondral surface injuries, ligamentous disruption and meniscal injuries. The documentation provided for review does not reveal that this claimant has had any prior imaging as no reports were provided for review. The medical records do not document the specific reason for an ultrasound assessment. Therefore, the claimant's current clinical picture would not support the role of this diagnostic assessment test. As such the request is not medically necessary.