

Case Number:	CM14-0028893		
Date Assigned:	06/20/2014	Date of Injury:	04/20/2013
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 31-year-old female with a reported injury on 04/20/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/11/2014 reported that the injured worker complained of right knee and left ankle pain. The physical examination revealed tenderness at the right knee and left ankle. The examination of the lumbar spine revealed tenderness to palpation. The lumbar spine range of motion demonstrated flexion to 50 degrees and extension to 20 degrees. It was reported the injured worker had a positive straight leg raise. The range of motion to the injured worker's bilateral knees demonstrated flexion to 150 degrees and extension to 180 degrees. The injured worker's diagnoses included painful right knee; painful right ankle; and complaints of pain in the lumbar spine. The provider requested an ultrasound to the right knee and a thoracolumbar back brace. The rationales were not provided within the clinical documentation. The request for authorization was not submitted within the clinical documentation. The injured worker's prior treatments were not included within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Ultrasound, diagnostic.

Decision rationale: The request for ultrasound to the right knee is not medically necessary. The injured worker complained of right knee and left ankle pain. The treating physician's rationale for the ultrasound of the right knee was not provided within the clinical notes. The California MTUS/ACOEM Guidelines state ultrasound (therapeutic) is not recommended for all acute knee disorders. Physical modalities, such as ultrasound have no scientifically proven efficacy in treating acute knee symptoms. The Official Disability Guidelines recommend diagnostic ultrasounds of the knee for soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. There was a lack of clinical information indicating the rationale for an ultrasound of the right knee. The requesting provider did not indicate if this was an initial/diagnostic ultrasound or for therapeutic monitoring. It is noted that during the examination of the injured worker's knee had no swelling, no redness, no tenderness, and no complaints of pain. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medically necessary.

Thoracolumbar back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

Decision rationale: The request for thoracolumbar back brace is not medically necessary. The injured worker complained of right knee and left ankle pain. The treating physician did not indicate the rationale for lumbar back brace. The California MTUS/ACOEM Guidelines on lumbar support (corset) is not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines do not recommended lumbar support for prevention. It is noted that the injured worker had limited range of motion to the lumbar spine. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. The guidelines state lumbar support does not have any lasting benefits beyond the acute phase of symptom relief. Furthermore, the guidelines do not recommend lumbar back brace for the treatment of low back disorders. Therefore, the request is not medically necessary.