

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0049346 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 05/23/2011 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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:

The injured worker is a 61-year-old male who reported injury on 05/23/2011 of an unknown mechanism. The injured worker complained of right knee pain at the medial, lateral, and posterior regions. He stated his right knee locked and popped with increased pain during bending, kneeling, stooping, standing, and walking activities. Pain decreased during sitting, resting, and with medications. The physical examination on 04/01/2014 revealed tenderness to bilateral knees at the patellar femoral joint; more so medial than lateral joint line, increased pain with flexion and extension, positive for crepitus, McMurray's, and patellar grind. There were no diagnostics submitted for review. The injured worker had diagnoses of left shoulder chronic full thickness tear rotator cuff, chronic biceps tendon subluxation, acromioclavicular degenerative joint disease, bilateral knee pain with moderate medial joint line pain and osteoarthritis. His past treatments included oral medications, a home exercise program, and an electrical muscle stimulator. His medications included Norco, Fexmid, and Anaprox. The treatment plan was for an ultrasound of both knees in consideration of more aggressive treatment as recommended by the physician due to worsening of symptoms per note dated 12/17/2013. The Request for Authorization Form was signed and dated 04/01/2014. There was no rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Medical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Work Loss Data Institute.

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 and leg, ultrasound, diagnostic and therapeutic.

Decision rationale: The California MTUS/ACOEM Guidelines state that a therapeutic ultrasound is not recommended for all acute knee disorders. Physical modalities such as ultrasound have no significant proven efficacy in treating acute knee symptoms. The Official Disability Guidelines recommend diagnostic ultrasounds of the knee for guidance during knee joint injections and must meet certain criteria. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by magnetic resonance (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 followup. The Official Disability Guidelines do not recommend therapeutic ultrasounds to the knee over other, simpler heat therapies. In this case, there was only one clinical note submitted dated 04/01/2014, and it did not address any meniscal issues or suggest the injury of soft tissue. Due to a lack of documentation, it is unclear as to whether the need for a diagnostic ultrasound of both knees is clinically necessary. Given the above, the request for bilateral knee ultrasound is not medically necessary and appropriate.