

Case Number:	CM14-0070527		
Date Assigned:	07/14/2014	Date of Injury:	07/19/2013
Decision Date:	08/27/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/15/2014

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 Nevada. 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 57 year old male who was reportedly injured on July 19, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 17, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated a rash on the lower aspect of the right leg. There was tenderness over the vastus lateralis as well as the medial joint line, lateral joint line, and patellar. Crepitus was noted with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right knee surgery and aquatic therapy. A request was made for an ultrasound of the right knee and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound of the right 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 Knee and Leg (acute and 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, Ultrasound, Therapeutic, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, therapeutic ultrasound is not recommended over other simpler heat therapies. Additionally, studies show that ultrasound therapy is not shown to have any clinically important effect for pain relief on individuals with patellofemoral syndrome. For this reason, this request for an ultrasound of the right knee is not medically necessary.