

Case Number:	CM14-0070793		
Date Assigned:	07/14/2014	Date of Injury:	06/11/2012
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 Family Medicine 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:

This is a 49-year-old female patient who reported an industrial injury to the left knee on June 11, 2012, over two years ago, attributed to the performance of her customary job tasks. The patient is reported to complain of left knee pain. There are no objective findings documented for the left knee. The patient was prescribed an ultrasound of the left knee to evaluate for internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Knee Pain subsection under diagnostic ultrasound.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter MRI; ultrasound.

Decision rationale: The ultrasound studies for the left knee are being used as screening tools without any objective findings to support the medical necessity of the requested study. The imaging study was to be done in-house "to rule out" internal derangement to the right knee.

There were no documented objective findings on examination to support the medical necessity of the requested imaging study to the left knee. The provider has not documented significant clinical changes to the left knee in relation to the cited mechanism of injury. There are no documented objective findings that have been demonstrated to be significant clinical changes to warrant authorization of the requested imaging studies of the left knee over two years after the date of injury. There is no documented failure of conservative care to the knee. The patient is not documented to be participating in a self-directed home exercise program. There is no objective evidence to support the medical necessity of an ultrasound of the left knee.