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| <b>Case Number:</b>   | CM14-0120262 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 05/29/2001 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 07/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 73 year old female, who sustained an industrial injury on 5/29/2001. The diagnoses have included cervical/trapezial musculoligamentous sprain/strain, bilateral shoulder periscapular strain and bilateral elbow lateral epicondylitis. Treatment to date has included acupuncture and medication. According to the progress report dated 7/7/2014, the injured worker complained of right shoulder pain with difficulty reaching up. She also complained of right knee pain. Exam of the right shoulder revealed positive crepitus and positive impingement. Exam of the knees revealed tenderness and positive crepitus. The injured worker used a cane to ambulate. Authorization was requested for diagnostic ultrasound of both knees to assess for meniscus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Diagnostic bilateral knee ultrasound: 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 & Leg (acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** Guidelines do not recommend use of diagnostic ultrasound in the management of knee pain related to soft tissue injury. In this case, the patient has complained of right knee pain after her knee "gave way" causing her to trip. On exam, medial joint line tenderness, crepitus and positive McMurrays test were noted. The request for ultrasound of both knees is not medically appropriate or necessary.