MAXIMUS Federal Services

Case Number:	CM14-0158352		
Date Assigned:	10/01/2014	Date of Injury:	04/24/2014
Decision Date:	01/20/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for knee pain reportedly associated with an industrial injury of April 24, 2014.In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for a right knee Doppler ultrasound and a right knee diagnostic ultrasound. The claims administrator stated that its decision was based on an August 12, 2014 progress note. The claims administrator suggested that the applicant's operating diagnosis was that of meniscal derangement of the knee and knee arthritis. The claims administrator invoked the ODG guidelines on diagnostic ultrasound testing in its denial and did not seemingly employ any guidelines on the Doppler ultrasound/vascular ultrasound component of the request.The applicant's attorney subsequently appealed. In a progress note dated December 23, 2014, handwritten, difficult to follow, not entirely legible, the applicant was given a diagnosis of right knee medial compartment degenerative joint disease and right knee sprain. Physical therapy was endorsed while the applicant was returned to regular duty work. In a narrative report of the same date, December 23, 2014, it was stated that the applicant was, in fact, working regular duty. The applicant was given a diagnosis of right knee medial meniscal tear and medial tibial bone plateau edema with radiographically confirmed medial compartment joint space narrowing.In an October 16, 2014 progress note, the applicant was again given a diagnosis of right knee medial meniscal tear with associated medial compartmental degeneration and chondromalacia. The applicant had MRI-confirmed meniscal derangement and chondromalacia, it was acknowledged. The attending provider stated that a follow-up ultrasound, Doppler of the right knee, and standing x-rays of the knee were being sought. No rationale accompanied the request for the same. The attending provider noted on October 16, 2014 that the applicant had "good capillary refill" about the right knee and noted that the applicant's circulation was "warm and pink distally."

IMR ISSUES, DECISIONS AND RATIONALES

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

R knee doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-1, page 331, neurovascular compromise is often identified by history of peripheral vascular disease, diabetes, recent immobilization, recent fracture, etc., with physical signs including pale, cold skin, or absent pulses, in this case, the applicant was described as having normal capillary refill and pink distal circulation. The applicant's presentation, thus, was not consistent with vascular compromise, peripheral vascular disease, or some other vascular disease process which would compel a Doppler ultrasound testing at issue. Therefore, the request is not medically necessary.

R 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, Web Knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Summary of Recommendations Table 1. Summary of Recommendations for Diagnostic and Other Testing for Knee Disorders.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, there is "no recommendation" on the usage of ultrasound testing to evaluate meniscal tears and/or knee osteoarthrosis, i.e., the diagnoses reportedly present here. In this case, it is noted that the applicant has already had plain film imaging and knee MRI imaging which have established diagnoses of knee chondromalacia, knee osteoarthrosis, unicompartmental, and knee meniscal derangement. It is not clear why ultrasound testing was/is being sought, in light of the fact that the applicant already has well-established, known diagnoses involving the knee and in light of the fact that ACOEM's position on ultrasound testing for the diagnosis present here is, in fact, tepid at best. Therefore, the request is not medically necessary.