

<b>Case Number:</b>	CM14-0186523		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of June 23, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for diagnostic ultrasound testing. Non-MTUS ACR and the ODG Guidelines were invoked. The applicant's attorney subsequently appealed. The applicant received manipulative treatment on various occasions, including on October 9, 2014, and October 14, 2014. In a handwritten note dated October 8, 2014, the applicant reported ongoing complaints of knee pain superimposed on issues with low back pain radiating into the leg. The applicant was placed off of work, on total temporary disability. The applicant was reporting persistent complaints of pain with prolonged weight bearing. The applicant was using Relafen for pain relief. The applicant was given diagnoses which included lumbar strain versus lumbar radiculopathy, severe right knee osteoarthritis, loose body of knee, and/or suspected meniscal tear of the knee. Pain management follow-up and Relafen were apparently endorsed. The note was very difficult to follow. X-rays of the right knee dated June 20, 2014 were notable for moderate degenerative arthritis about the lateral compartment of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Diagnostic Ultrasound Study Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.  
Decision based on Non-MTUS Citation Table 1: Diagnostic and Other Testing

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that there is "no recommendation" for usage of diagnostic ultrasound testing for knee osteoarthritis, one of the diagnoses reportedly present here. Similarly, ACOEM goes on to note that there is no recommendation on usage of ultrasound testing for meniscal tears. Meniscal tears, knee osteoarthritis, and/or loose body of the knee were reportedly suspected on an office visit of October 8, 2014, as noted above. Thus, the ACOEM position on diagnostic ultrasound testing for the diagnoses suspected here, namely knee osteoarthritis, meniscal derangement of knee, and/or loose body of knee, is tepid-to-unfavorable: "No recommendation." The attending provider's handwritten progress note did not contain much in the way of narrative commentary or applicant-specific rationale which would augment or offset the tepid-to-unfavorable ACEOM position on the article at issue. The information on file, furthermore, suggested that the applicant already had a confirmed, established diagnosis of knee osteoarthritis. It was not clear why diagnostic ultrasound testing was being sought if the applicant already had a clinical evident, radiographically confirmed diagnosis of knee osteoarthritis. Therefore, the request is not medically necessary.