MAXIMUS Federal Services

Case Number:	CM14-0206054		
Date Assigned:	12/18/2014	Date of Injury:	10/28/2010
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 51 year-old male with a 1/28/2010 date of injury. According to the 10/14/2014 chiropractic/orthopedic report, the patient has leg pain with standing. He has been diagnosed with lumbar sprain; bilateral knee osteoarthritis; bilateral wrist tendonitis; bilateral elbow medial epicondylitis. There was no discussion of knee ultrasound. On 11/5/14 Utilization review denied bilateral knee ultrasound. The 9/18/14 report requests diagnostic ultrasound for both knees. On 9/18/14, there was a mild decrease in flexion in the right knee, with no laxity, but pain with PFC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter online for diagnostic ultrasound.

Decision rationale: This request is for bilateral knee ultrasound. The patient was evaluated by the orthopedist on 9/18/14 and the diagnostic knee ultrasound was requested. MTUS/ACOEM did not discuss diagnostic ultrasound for the knee. ODG-TWC guidelines, knee chapter online

for diagnostic ultrasound: Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR; sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. ODG-TWC guidelines states soft tissue injuries are best evaluated by MR, and that sonography was for acute ACLE injuries with presence of hemarthrosis. The 9/18/14 report does not suggest the patient has ACL laxity or hemarthrosis in either knee. The request for the diagnostic bilateral knee ultrasound is not medically necessary.