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| <b>Case Number:</b>   | CM14-0027167 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 01/01/2014 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 02/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female who got injured on 1/1/2014. The injured worker is being treated for left knee pain. Left knee medial meniscus tear, left knee medial collateral ligament sprain. She was seen on 2/10/14 for follow up and she reported she was 60% improved following the ultrasound guided corticosteroid injection into her left knee. Her physical exam revealed decreased swelling over the medial collateral ligament, decreased joint effusion, tenderness over the medial joint line, but no tenderness over the medial patella joint line and no tenderness over the lateral joint line, her range of motion was 0-140 degrees, she had decreased pain with Medial Collateral Ligament stress testing, no pain with lateral collateral Ligament stress testing and positive McMurrays medially, producing pain and click, strength was normal and sensation was normal, circulation exam showed that her extremities were warm and pink distally with good capillary refill. The request is for follow up ultrasound of the left knee and Doppler of the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESTING: RETROSPECTIVE: FOLLOW UP ULTRASOUND OF THE LEFT KNEE (2-10-2014): 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  
Page(s): 329-360.

**Decision rationale:** Per MTUS initial assessment of patients with acute and subacute knee problems focuses on detecting indications of potentially serious disease termed red flags which in the absence of, work related knee complaints can be managed safely and effectively conservatively while monitoring for complications, facilitating healing, and facilitating return to work in modified or full duty. Also if there are no red flags the clinician can then determine which common musculoskeletal disorder is present. Treatment can proceed for 4-6 weeks in the acute phase without performing special studies because the yield of treatment altering findings is low and most patients conditions improve within that period of time. Corticosteroid injections are recommended as optional. The injured worker presented for follow up after corticosteroid injection on 2/10/2014 and she reported she was 60% improved and this was corroborated by the physical exam which reported she had decreased pain and swelling. Therefore based on her clinically improved presentation and the guideline recommendations a follow up ultrasound of the left knee is not medically necessary.

**TESTING: RETROSPECTIVE: DOPPLER OF THE LEFT LOWER EXTREMITY (2-10-2014):** 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  
Page(s): 329-360. Decision based on Non-MTUS Citation National Guideline Clearing house.:  
ACR Appropriateness Criteria® suspected lower-extremity deep vein thrombosis.

**Decision rationale:** Per MTUS initial assessment of patients with acute and subacute knee problems focuses on detecting indications of potentially serious disease termed red flags which in the absence of, work related knee complaints can be managed safely and effectively conservatively while monitoring for complications, facilitating healing, and facilitating return to work in modified or full duty. Also if there are no red flags the clinician can then determine which common musculoskeletal disorder is present. Treatment can proceed for 4-6 weeks in the acute phase without performing special studies because the yield of treatment altering findings is low and most patients conditions improve within that period of time. Corticosteroid injections are recommended as optional. The MTUS did not mention the role of doppler studies in knee injury so other guidelines were consulted. Doppler Ultrasound is recommended for the evaluation of deep venous thrombosis, however the injured workers clinical presentation with subjective and objective documentation of improvement in swelling and decreased pain in her left knee did not raise a suspicion of possible deep vein thrombosis therefore the request for doppler of the left lower extremity is not medically necessary.

