

Case Number:	CM15-0005355		
Date Assigned:	01/16/2015	Date of Injury:	02/14/2008
Decision Date:	03/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 02/14/2008. A request was made for ultrasound of the soft tissues of the bilateral knees between 12/09/2014 and 01/23/2015, which was declined based on the guidelines recommending sonography for acute anterior cruciate ligament injuries in the presence of hemarthrosis or for a followup with the injured worker's previous request not supported by the guidelines. It indicated that the submitted documentation was incomplete with a lack of rationale for the requested service. The injured worker had reportedly sustained injuries to his back, spine, shoulder, and upper arms, including the clavicle and scapula as well as his neck when he attempted to prevent someone from falling. He underwent a cervical spine discectomy and fusion at C4-7 as well as a right shoulder surgery. Other treatments included physical therapy and narcotic medications. It was further indicated that the injured worker had severe progressive knee pain. Examination was noted to reveal no erythema or effusion although his gait was limited with use of a double cane assisted devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound Of The Soft Tissues Of The Bilateral Knees: 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): 337-339.

Decision rationale: According to the California MTUS/ACOEM Guidelines, without having a thorough rationale for the injured worker necessitating the ultrasound treatment of the bilateral knees, and without any current clinical notes stating his conservative modalities having been tried and failed prior to requesting the current service, and without the guidelines supporting the use of ultrasound for treatment of the bilateral knees without an ACL injury or postoperative treatment, the request cannot be supported and is not medically necessary.