

<b>Case Number:</b>	CM15-0008716		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/30/1993
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: 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 56 year old male, who sustained an industrial injury on April 30, 1993. He has reported back and knee pain. The diagnoses have included arthritis, depression, drug withdrawal, nausea, headache, radiculopathy, failed lumbar back syndrome and degenerative joint disease (DJD) of knee. Treatment to date has included knee injection, lumbar laminectomy, CAT scan, intrathecal pump and oral medication. Currently, the IW complains of back and knee pain. Treatment includes medical marijuana, intrathecal pump, topical and oral medication. On January 6, 2015 utilization review non-certified a request for ultrasound of knee X3 to assist with Synvisc injections, noting the guidelines do not provide recommendation for ultrasound guidance for the injections. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 7, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of knee x 3:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Knee

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and note that ultrasound guidance does not impact long term outcomes in any degree. The Guidelines state that under certain qualifying circumstances (unsuccessful attempts, morbid obesity, or disease processes that obliterate the anatomy) ultrasound guidance may be reasonable. None of these qualifying conditions are documented. Under these circumstances, the ultrasound guidance of the knee X 3 is not supported by Guidelines and is not medically necessary.