

<b>Case Number:</b>	CM15-0008902		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<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: 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 55-year-old male who reported injury on 07/28/2014. The documentation indicated the injured worker's injury was due to the operation of a forklift. The injured worker underwent physical therapy and aquatic therapy. The injured worker underwent arthroscopic surgery previously. The documentation of 12/18/2014 revealed the injured worker was diagnosed status post right shoulder arthroscopy in mid 2000 and 2007, residual impingement and supraspinatus tendinosis per MR arthrogram on 06/19/2002 and subacromial fibrosis, adhesive capsulitis, scar tissue and adhesion revealed in diagnostic ultrasound and right elbow medial epicondylitis and dynamic cubital tunnel syndrome elicited in nerve conduction velocity in 2014. The injured worker was noted to be seen in the physician office on 12/08/2014 and had 6 physical therapy treatment sessions with no noticeable improvement. There was constant pain in the right knee. On examination of the right knee, there was tenderness to palpation over the peripatellar region as well as the medial and lateral joint lines. There was patellofemoral arthralgia present. The range of motion was decreased on flexion. There was no Request for Authorization submitted for the ultrasound of the right knee. There was no documented rationale for the request of an ultrasound of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Ultrasound, Diagnostic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Ultrasound, diagnostic

**Decision rationale:** The Official Disability Guidelines indicate a diagnostic ultrasound is appropriate for an acute anterior cruciate ligament injury in the presence of hemarthrosis or for followup. The clinical documentation submitted for review failed to provide a documented rationale for the requested ultrasound. Given the above, the request for ultrasound of the right knee is not medically necessary.