

Case Number:	CM15-0162183		
Date Assigned:	08/28/2015	Date of Injury:	07/12/2014
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53-year-old female, who sustained an industrial injury on 7-12-14. She has reported initial complaints of a fall at work and landing on her hands and knees. The diagnoses have included contusion of the knee and lower leg. Treatment to date has included medications, diagnostics, heat, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 7-21-15, the injured worker complains of bilateral knee pain that increased with activities. The injured worker reports that there is popping and clicking in the left knee. The objective findings-physical exam of the bilateral knees reveals tenderness to palpation of the lateral joint line, patellar region and popliteal area. There was decreased range of motion in the bilateral knees, positive crepitus bilaterally, and 4 out of 5 muscle weaknesses are noted. The current medications included Ultram, Zanaflex and Prilosec. There are no previous diagnostic reports noted. The submitted documentation within the medical records was difficult to decipher. The physician requested treatments included Diagnostic Ultrasound of the Right Knee and Diagnostic Ultrasound of the Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic 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 ODG Knee & Leg Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 342-343.

Decision rationale: The ACOEM chapter on knee complaints, states that imaging: Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for imaging of the knee in the provided documentation for review have not been met. Therefore, the request is not medically necessary.

Diagnostic Ultrasound of the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 342-343.

Decision rationale: The ACOEM chapter on knee complaints, states that imaging: Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for imaging of the knee in the provided documentation for review have not been met. Therefore, the request is not medically necessary.