

<b>Case Number:</b>	CM15-0165496		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/31/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, 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 31 year old female, who sustained an industrial injury on 12-31-14. Initial complaints were from a fall injuring the right side of her body. The injured worker was diagnosed as having status post closed head trauma with probable concussion; cervical spine musculoligamentous sprain-strain with myofascial pain syndrome; lumbar spine musculoligamentous sprain-strain with right lower extremity radiculitis; right shoulder sprain-strain with impingement and tendinitis; right knee sprain-strain. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI lumbar spine (8-7-15). Currently, the PR-2 notes dated 7-30-15 indicated the injured worker complains of low back pain, neck pain; right shoulder pain; right knee pain; psychological symptoms of stress, anxiety and sleep loss. On physical examination of the cervical spine, the provider documents tenderness to palpation with mild muscle spasm over the paraspinal and trapezius muscles bilaterally. Cervical compression tests elicit localized paraspinal pain only. Her range of motion is somewhat decreased. Lumbar spine examination notes tenderness to palpation with muscle guarding over the bilateral paraspinal musculature. Straight leg raise in both seated and then supine elicits right-sided radicular component to the foot. She exhibits right-sided sacroiliac joint stress testing with positive Gaenslen's and Patrick Fabere's testing for right sacroiliac joint pain. Her range of motion is somewhat decreased. A MRI of the lumbar spine was done on 8-7-15 with an impression of 1) At L5-S1; there is a 1mm midline disc bulge with mild effacement of the anterior thecal sac and with no central canal narrowing. 2) There is no disc protrusion or neural abutment. 3) Minimal facet arthropathy at L4-L5. Her right shoulder examination notes no

tenderness to palpation over the supraspinatus tendon or periscapular region. Impingement and Cross Arm testing are positive. The right knee examination reveals tenderness to palpation over the medial and lateral joint lines and peripatellar region. Stress test and McMurry's' testing are negative. She does exhibit patellofemoral crepitus with active ranging. The patellar grind test is positive and range of motion of the right knee is decreased with flexion 118 degrees and extension 0 degrees. The provider is requesting authorization of Diagnostic ultrasound studies of right knee to rule out internal derangement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diagnostic ultrasound studies of 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.

**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 (ultrasound, diagnostic).

**Decision rationale:** CA MTUS does not address ultrasound evaluations of the knee. ODG states that soft tissue injuries of the knee are best evaluated by MRI. Ultrasound has been found to be diagnostic for acute ACL injuries in the presence of hemarthrosis, or for follow-up. In this patient, there are no recent progress notes, no radiology reports, and no adequate current description of symptoms. The physical examination is also not sufficient. Thus, due to the lack of information for this request, the ultrasound is not medically necessary or appropriate.