

Case Number:	CM15-0193697		
Date Assigned:	10/07/2015	Date of Injury:	09/10/2010
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This injured worker is a 38 year old female who reported an industrial injury on 9-10-2010. Her diagnoses, and or impressions, were noted to include: right knee sprain-strain secondary to altered gait. No imaging studies were noted. Her treatments were noted to include: an orthopedic agreed medical evaluation on 8-6-2012, 10-3-2012 & 5-20-2014; bilateral knee braces; and rest from work. The doctor's first report of occupational injury dated 8-25-2015 reported right knee pain. The objective findings were noted to include: an abnormal gait; weakness; joint pain; tenderness over the medial joint lines of the bilateral knees; positive bilateral patellar grind test and patellofemoral crepitus; and 0 range of extension in the bilateral knees. The physician's requests for treatment were noted to include a diagnostic ultrasound of the right knee because he reported cracking and popping, buckling and giving-way, and to rule-out internal derangement. The Request for Authorization, dated 8-25-2015 was noted to include a diagnostic ultrasound study of the right knee. The Utilization Review of 9-10-2015 non-certified the request for a diagnostic right knee ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Official Disability Guidelines, Knee and Leg, Acute and Chronic, 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 Section.

Decision rationale: The MTUS guidelines do not address the use of diagnostic ultrasound for the knee, therefore, alternative guidelines were consulted. Per the ODG diagnostic ultrasound of the knee is not recommended for soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) as they are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. In this case, plain radiographs of the right knee were normal and there is no indication of a condition that would benefit from the use of a diagnostic ultrasound, therefore, the request for 1 diagnostic ultrasound of the right knee is determined to not be medically necessary.