

Case Number:	CM15-0194470		
Date Assigned:	10/08/2015	Date of Injury:	07/13/2008
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
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: 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 63-year-old female who sustained an industrial injury on 7-13-2008. Diagnoses have included failed right total knee arthroplasty and chronic right knee pain. Diagnostic tests provided shows 6-4-2015 bilateral knee x-rays showing right knee arthroplasty to be in anatomic alignment with no evidence of hardware complication, and no suprapatellar joint effusion; and, an x-ray taken 9-10-2015 showing right knee total arthroplasty in anatomic alignment with no hardware complication or osseous abnormality. Documented treatment includes right total knee arthroplasty in 2012, stated in 6-4-2015 note to have never provided satisfactory flexion, and resulting in "episodes" of pain and stiffness with an inability to fully bend the knee. She then had a revision on 7-29-2015. She had been using a cane but on 9-10-2015 it was noted she no longer was using one. The injured worker is attending physical therapy. She is noted to have had Synvisc injections prior to her first surgery, but no "intraarticular injections" post-surgery; and, she uses pain medication. On 9-1-02015 the physician noted her right knee incision had healed, and maximum flexion was 75 degrees. Exercises were provided. The treating physician's plan of care includes a request for authorization submitted 9-8-2015 for an ultrasound of the right knee, but this was denied on 10-23-2015.

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 (diagnostic): 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 chapter - 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 chapter, under Ultrasound.

Decision rationale: The current request is for an ULTRASOUND OF THE RIGHT KNEE (DIAGNOSTIC). The RFA is dated 09/10/15. Treatment history include right total knee arthroplasty in 2012 and revision on 07/29/15, cane, physical therapy, Synvisc injections, exercises and medications. ODG, knee chapter under Ultrasound (diagnostic) states recommended for soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) 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. Per report 09/04/15, the patient is status post right knee revision surgery on 07/29/15, and continues to report pain. Examination revealed healed incision in the right knee and flexion was 0-75 degrees. The treater states that the patient continues to have right knee pain along the medial aspect of the knee since surgery, and requested a diagnostic ultrasound. The progress reports do not document prior ultrasound but the patient has had X-rays taken on 09/10/15 which showed right knee total arthroplasty in anatomic alignment with no hardware complication or osseous abnormality. In addition, ODG-TWC guidelines states soft tissue injuries are best evaluated by MR, and that sonography was for acute ACLE injuries with presence of hemarthrosis. The progress reports do not suggest the patient has ACL laxity or hemarthrosis, either. The medical necessity for an ultrasound has not been established. Therefore, this request IS NOT medically necessary.