

Case Number:	CM15-0020852		
Date Assigned:	02/10/2015	Date of Injury:	04/18/2014
Decision Date:	04/21/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male, who sustained an industrial injury on April 18, 2014. He reported injury of the neck, right knee, bilateral ankles and hearing loss. The injured worker was diagnosed as having cervical sprain, bilateral ankle/feet pain, right knee patellofemoral arthralgia with medial plica syndrome. Treatment to date has included interferential unit rental and medications. On July 18, 2014, x-rays of the right knee revealed minimal patellofemoral arthralgia. On October 24, 2014, physical findings are revealed as tenderness to the right knee joint line, positive crepitus, no observable swelling and negative McMurray's. The right knee range of motion is: flexion 140 degrees, extension zero degrees. On November 20, 2014, ultrasound of the bilateral ankles revealed chronic bilateral osteoarthritis. A Utilization Review determination was rendered recommending non certification of Ultrasound right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra sound right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee and Leg.

Decision rationale: The CA MTUS ACOEM and the ODG guidelines recommend that further evaluations of progressive joint pain can be utilized when conservative treatments with medications and PT have failed. The guidelines recommend that MRI tests can be utilized when other routine radiological tests are inconclusive. The records did not show subjective, objective or radiological findings consistent with deterioration of the right knee arthritis. The records indicate that previous ultrasound tests did not show a detailed structural pathology of the ligaments, cartilages and other bone conditions of the right knee. The guidelines recommend that MRI be utilized when complete evaluation of the joint is necessary in the presence of clinical joint deterioration and functional deficit. The criteria for Ultrasound of the right knee was not met. Therefore, the request is not medically necessary.