

Case Number:	CM15-0031634		
Date Assigned:	02/25/2015	Date of Injury:	09/24/2014
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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, 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 45-year-old male who sustained an industrial injury on 9/24/14. The injured worker reported symptoms in the bilateral knees. The diagnoses included bilateral knee strain/sprain. Treatments to date were not noted in provided documentation. In a progress note dated 1/12/15 the treating provider reports "dull achy pain, bilateral knees tender, positive crepitus." On 2/9/15 Utilization Review non-certified the request for bilateral knee ultrasound. The Official Disability Guide was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Ultrasound (diagnostic) Entry.

Decision rationale: With regard to this request for diagnostic ultrasound for the knee, the CA MTUS does not directly address this issue. The ODG Knee Chapter specifies that ultrasound is

"Recommended as indicated below: 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. (ACR, 2001) See also ACR Appropriateness Criteria." In this case, the submitted documentation does not indicate any suspicion for the above pathology. The notes are handwritten and it is not clear what rationale the requesting provider has for ordering this ultrasound. This request is not medically necessary.