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| Case Number: | CM15-0036549 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 08/28/2014 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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:

This 48 year old male sustained a work related injury on 8/28/2014. According to a progress report dated 02/03/2015, examination of the bilateral knees revealed tenderness to palpation over the peripatellar regions, bilaterally. There was no laxity. There was slight patellofemoral crepitus bilaterally. Patellar Grind test was negative. Diagnoses included cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, bilateral shoulder sprain/strain with diagnostic ultrasound study dated 10/29/2014 revealing partial (50%) supraspinatus tendon tear on the right and left 75 % supraspinatus tendon tear/subacromial subdeltoid bursitis/labral degeneration and acromioclavicular joint osteoarthritis, bilateral wrist tendinitis and bilateral knee sprain/strain/patellofemoral arthralgia. The injured worker stated that his knees were still improved with prior chiropractic care modalities/exercise; however, he still experienced near daily locking of his left knee primarily when rising from a seated position. On 02/19/2015, Utilization Review non-certified diagnostic ultrasound of the left knee. According to the Utilization Review physician, evidenced based-guidelines state that soft-tissue injuries, such as meniscal injury, chondral surface injury and ligamentous disruption are best evaluated by magnetic resonance imaging. In addition to MRI, ultrasonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of hemarthrosis or for follow-up. Current records do not document the presence of such an acute ACL injury. Official Disability Guidelines, Knee and Leg (Acute & Chronic) were cited for this request. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Knee chapter: Ultrasound, diagnostic.

Decision rationale: According to the 02/03/2015 progress report, this patient presents with bilateral knee pain with "slight patellofemoral crepitus, bilaterally." The current request is for Diagnostic Ultrasound of the Left Knee. The request for authorization is on 02/03/2015. The patient's work status is "temporarily totally disabled until 6 weeks." The Utilization Review denial letter states "current records do not document the presence of such an acute ACL injury." Regarding diagnostic ultrasound, the MTUS and ACOEM guidelines do not discuss ultrasound. However, 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." In the medical reports provided for review, the treating physician does not indicate that the patient has "acute anterior cruciate ligament injuries" to warrant the use of the diagnostic ultrasound. The report does not suggest the patient has ACL laxity or hemarthrosis either. Therefore, this request IS NOT medically necessary.