

Case Number:	CM15-0039963		
Date Assigned:	03/10/2015	Date of Injury:	07/02/2013
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 26-year-old female who sustained an industrial injury on 7/2/13. Injury occurred when the store she worked in was attacked and rocks were thrown through the window. She fell to the floor to take cover and landed on her right knee. The 7/29/13 right knee MRI showed mild soft tissue edema at the superolateral aspect of Hoffa's fat pad suggestive of fat pad impingement and possible patellar tendon-lateral femoral condyle friction syndrome. There was trace fluid in the deep infrapatellar bursa and mild chondromalacia evidence in the inferior half of the lateral patellar facet. The 1/23/15 treating physician report indicated that the patient had right knee pain with swelling and difficulty with stairs. She felt her right knee had not been addressed. Right knee exam documented peripatellar and patellar tenderness, positive grind, positive crepitus, and pain with McMurray's test. The diagnosis was right knee contusion. Recommendations included a right knee ultrasound to rule out a patellar tendon or meniscal tear. The 2/16/15 utilization review non-certified the request for right knee ultrasound based on limited evidence of acute anterior cruciate ligament injury on physical exam to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, 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 (ODG): Knee & Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Ultrasound, diagnostic.

Decision rationale: The California MTUS guidelines do not provide recommendations for diagnostic ultrasound of the knee. The Official Disability Guidelines state that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. In addition to MRI, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. Guideline criteria have not been met. There is no clinical exam evidence of anterior cruciate ligament injury. The request was to evaluate for a patellar tendon or meniscal tear. There is no compelling reason presented to support the medical necessity of a diagnostic ultrasound of the right knee over magnetic resonance imaging. Therefore, this request is not medically necessary.