MAXIMUS Federal Services

Case Number:	CM15-0044916		
Date Assigned:	03/17/2015	Date of Injury:	06/27/2014
Decision Date:	05/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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: Family Practice

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 64-year-old male who reported an injury on 06/27/2014. The mechanism of injury was not specifically stated. The current diagnoses include bilateral shoulder tendonitis/bursitis, cervical spine sprain, left knee sprain, lumbar spine sprain, and sleep disorder. The injured worker presented on 01/23/2015 for a followup evaluation with complaints of persistent left knee pain with associated popping and weakness. Upon examination, there was tenderness to palpation over the medial and lateral joint line, patellofemoral crepitus, limited range of motion, and positive weakness. Recommendations included a diagnostic ultrasound to assess for internal derangement. A Request for Authorization form was then submitted on 01/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, Left 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: Knee & Leg chapters.

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

Decision rationale: The Official Disability Guidelines recommend a diagnostic ultrasound as indicated. Soft tissue injuries, such as meniscal, chondral surface injuries, and ligamentous disruption are best evaluated by an MRI. In this case, the ultrasound was meant as a diagnostic tool; however, a clear diagnostic impression is not provided. There was no specific mechanism of injury listed. There was no documentation of any plain films obtained prior to the request for an ultrasound. There was no mention of a contraindication to an MRI as opposed to an ultrasound for evaluation of soft tissue pathology. In addition, there was no mention of an attempt at conservative management prior to the request for a diagnostic imaging study. Given the above, the request is not medically necessary at this time.