

<b>Case Number:</b>	CM15-0062050		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/27/1995
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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:

The injured worker is a 74 year old female who sustained an industrial injury on 1/27/1995. Her diagnoses, and/or impressions, include: right knee pain with patellar tendonitis. No current magnetic resonance imaging studies are noted. Her treatments have included: surgery; modified work duties; and medication management. The progress notes of 3/9/2015, noted right anterior knee after fall down stairs in previous 4-5 months, and swelling "0 N/T". Also noted was a history of a patellectomy, arthroscopy, and s/p TKA in 1999. The physician's requests for treatments included an ultrasound examination of the patellar tendon of the right knee, side unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound exam of petellar tendon right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Diagnostic Ultrasound, page 354.

**Decision rationale:** Clinical exam showed normal bilateral lower extremity neurological findings with functional knee range of 0-110 degrees. X-rays indicated no fracture with signs of previous TKA and patellectomy. Guidelines note sonography may provide diagnostic evaluation for acute anterior cruciate ligament (ACL) injuries in the presence of hemarthrosis; however, none has been identified here. MR is preferred for soft-tissue injuries such as meniscal, chondral surface injuries, and ligamentous disruption. Submitted reports have not demonstrated the indication or positive clinical findings to support for this ultrasound study. The Ultrasound exam of patellar tendon right knee is not medically necessary and appropriate.