

<b>Case Number:</b>	CM14-0115993		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old female with date of injury of 04/29/2011. The listed diagnoses per [REDACTED] from 06/23/2014 are: 1. Bilateral wrist tendinitis, moderate to severe carpal tunnel syndrome, mild left cubital tunnel syndrome. 2. Lumbar spine sprain/strain. 3. Status post left ankle subtalar fusion from March 2013. 4. Patellar tendinitis. According to this report, the patient complains of increased pain and swelling in the left ankle that began on 06/01/2014. She denies recent trauma or overuse. The patient rates her pain 4/10 to 7/10, which is moderate to severe, constant sharp with numbness and ache. The examination of the left ankle show a 2 to 3 mm scar, diffuse mild swelling in the ankle with decreased active range of motion in the plantar flexion. Right knee is tender to palpation, medial aspect greater than the lateral aspect of the joint, positive crepitus with positive McMurray's sign, decreased active range of motion. The documents include a QME report from 03/05/2014 and an ultrasound of the bilateral knees from 01/15/2014. The utilization review denied the request on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Review of medical records and be compensated for narrative report that provides discussion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** This patient presents with left ankle pain. The provider is requesting a review of medical records and compensation for narrative report. The MTUS Guidelines page 8 on Pain Outcomes and Endpoints states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." The utilization review denied the request stating, "Review of medical records and reports should be performed as part of a standard office visit for evaluation and management of care and the necessity of a prolonged service is not evident. Therefore, the medical necessity of this request is not established." The 06/23/2014 report notes that the provider is requesting the consult report from [REDACTED] from 05/2014 regarding the patient's treatment records for the left elbow/arm. In this case, the review of reports and providing narrative is not specifically discussed in any of the guidelines for medical treatments. It would appear though, based on the provider's responsibilities to "periodically review any new information," that review of medical reports is part of what a physician does during follow-up. Therefore, this request is not medically necessary.

**Ultrasound of the 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

**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 on Ultrasound

**Decision rationale:** This patient presents with left ankle pain. The provider is requesting an ultrasound of the left knee. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on ultrasound for the knee 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." The records show an ultrasound of the bilateral knees from 01/15/2014 that showed right MJL DJD/ articular cartilage loss/ right large complex tear medial meniscus posterior horn grade III signal. Left knee comparison showed medial posterior horn mucoid and myxoid degeneration/ grade II signal/ mild patellar tendinitis. In this case, the provider does not explain why another set of ultrasound is needed. The patient has one done just recently. Therefore, this request is not medically necessary.