

Case Number:	CM14-0152064		
Date Assigned:	09/22/2014	Date of Injury:	11/12/2010
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 Internal Medicine 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 injured worker is a 44-year-old male who reported multiple repetitive strain injuries in 11/2010, 10/2006, 04/2011, and 09/2010 while working as a police officer. The current diagnoses include cervical spine sprain/strain with radiculitis, lumbar spine sprain/strain with right lower extremity radiculitis, degenerative disc disease in the lumbar spine, right SI joint sprain, right shoulder strain with adhesive capsulitis, history of right shoulder surgery in 2009, right wrist sprain, left knee grade II medial meniscus tear, and right knee patellofemoral arthritis. Previous conservative treatment is noted to include medication management, left knee cortisone injections, and aquatic therapy. The injured worker was evaluated on 07/24/2014 with complaints of persistent left knee pain with buckling and giving way. It is noted that the injured worker was interested in pursuing surgical intervention for the left knee. Physical examination of the left knee revealed tenderness to palpation of the medial joint line, peripatellar tenderness, patellofemoral crepitus, negative McMurray's testing, and 0 degrees to 110 degrees range of motion. The current medication regimen includes Norco 10 mg and Norflex. Treatment recommendations at that time included postoperative physical therapy for the right shoulder and a left knee diagnostic ultrasound. A request for authorization form was then submitted on 07/24/2014 for a left knee ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC : Knee Chapter; Ultrasound, diagnostic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Knee Complaints. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 341-343. Official Disability Guidelines (ODG) Knee & Leg Chapter, Ultrasound, diagnostic.

Decision rationale: The Official Disability Guidelines recommend a diagnostic ultrasound for specific indications. Soft issue injuries are best evaluated by an MRI. Indications for a diagnostic ultrasound include ultrasound guidance for knee joint injections. As per the documentation submitted, the injured worker has completed an MRI of the left knee in 2012, which revealed a grade II medial meniscus tear. The medical necessity for a diagnostic ultrasound has not been established. As the Official Disability Guidelines do not recommend diagnostic ultrasound for indications other than ultrasound guidance for a knee joint injection, the request for a Left Knee Ultrasound is not medically necessary.