

Case Number:	CM14-0099410		
Date Assigned:	09/15/2014	Date of Injury:	09/18/2009
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Rehabilitation, has a subspecialty in 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:

This is an injured worker with a date of injury of 9/18/09. A utilization review determination dated 6/6/14, recommends non-certification of ultrasound, Doppler, and Vicodin. The 3/24/14 medical report identifies that ultrasound of the left knee and Doppler of the left lower extremity was performed. The 4/29/14 medical report identifies that left knee cortisone injection at the last visit helped significantly. On exam, there is some limited ROM, left knee effusion with medial joint line tenderness, positive McMurray's medially producing pain and click. Ultrasound of the left knee was obtained and shows medial meniscus tearing with moderate bursitis. Doppler shows no DVT and persistent synovitis in the medial compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro ultrasound, left knee DOS 4/29/14: 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 (Acute & Chronic)

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

Decision rationale: Regarding the request for left knee ultrasound, CA MTUS does not address the issue. Official Disability Guidelines (ODG) notes that soft-tissue injuries are best evaluated by MRI rather than ultrasound, although sonography has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of a hemarthrosis or for follow-up. Within the documentation available for review, there are no symptoms/findings suggestive of a condition for which ultrasound would be indicated, per ODG. Furthermore, it is noted that the provider did an ultrasound approximately one month prior and no rationale is given for repeating the study. In the absence of such documentation, the currently request for a retro left knee ultrasound is not medically necessary.

Retro Doppler, left lower extremity DOS 4/29/14: 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 (Acute & Chronic)

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

Decision rationale: Regarding the request for left knee Doppler, CA MTUS does not address the issue. Official Disability Guidelines (ODG) does support the use of Doppler ultrasonography in the evaluation of deep vein thrombosis. Within the documentation available for review, there are no symptoms/findings suggestive of a condition for which Doppler would be indicated, per ODG. Furthermore, it is noted that the provider did this same study approximately one month prior and no rationale is given for repeating the study. In the absence of such documentation, the currently requested retro left knee Doppler is not medically necessary.

Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Vicodin (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear

indication for ongoing use of the medication. In light of the above issues, the request for Vicodin (hydrocodone/acetaminophen) is not medically necessary.