

Case Number:	CM14-0099877		
Date Assigned:	07/28/2014	Date of Injury:	11/16/2011
Decision Date:	10/08/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 patient is a 58-year-old male who has submitted a claim for sprain of knee and leg associated with an industrial injury date of November 16, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic bilateral knee pain with buckling, giving way, popping and increased swelling. Physical examination revealed bilateral knee tenderness at the medial and lateral joint lines and patellar region. Knee range of motion (ROM) was documented at 115/0 on the right, and 130/0 on the left with crepitus and laxity. McMurray's test and patellofemoral compression/grind tests were positive. A magnetic resonance imaging (MRI) of the right knee dated 9/13/2013 revealed small joint effusion, horizontal oblique tear of the posterior horn of the medial meniscus, mild tricompartmental osteoarthritis, and moderate grade chondromalacia of the medial compartment and absence of fracture or contusion. Treatment to date has included medications and self-guided home therapy program utilization review from June 4, 2014 denied the request for bilateral knee diagnostic ultrasound because the guidelines state that MRI is superior for the purpose of evaluating the knee for possible internal derangement. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee diagnostic 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, knee and leg (acute and 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 and leg, Ultrasound, diagnostic

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In this case, the provider ordered the ultrasound under review in order to evaluate the knee for possible internal derangement. A previous magnetic resonance imaging (MRI) of the right knee had already been ordered. There was no noted new event, whether a complaint or injury, to justify a new imaging study. It is also unclear why an ultrasound would be preferred over an MRI given the recommendations by the guidelines. Therefore, the request for Bilateral knee diagnostic ultrasound is not medically necessary.