

Case Number:	CM14-0066566		
Date Assigned:	07/11/2014	Date of Injury:	09/12/2013
Decision Date:	06/22/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 9/12/13. She reported left injury after slipping and falling. The injured worker was diagnosed as having bilateral knee contusion/sprain with bilateral lateral patellar tracking with patellofemoral arthralgia. Treatment to date has included oral medications, physical therapy, chiropractic treatment, acupuncture treatment and home exercise program. Currently, the injured worker complains of burning under right patella wit bilateral knee pain and popping, clicking and feelings of giving way. A request for authorization was submitted for Motrin 800 mg, home TENS unit and a diagnostic ultrasound of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound study of the right 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, Knee & Leg (Acute and Chronic), Ultrasound, Diagnostic.

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

Decision rationale: The CA MTUS does not address ultrasound testing of the knee. The ODG indicates that ultrasound (US) of the knee can be useful in the diagnosis of acute anterior cruciate ligament (ACL) injuries in the presence of hemarthrosis or for follow-up. In this case, an ACL injury is not suspected. ODG Guidelines state that soft tissue injuries of the knee are best evaluated by MRI. This patient has improved with physical therapy, indicating that the suspected diagnosis of plica syndrome is less likely. Continued conservative care is warranted before proceeding with diagnostic studies. Thus this request is not medically necessary or appropriate at this time.