

<b>Case Number:</b>	CM15-0014784		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New York, Tennessee  
Certification(s)/Specialty: Emergency Medicine

### 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 52 year old male who sustained an industrial injury on 02/28/2014. The current diagnoses include sprains and strains of unspecified site of shoulder and upper arm, disorders of bursae and tendons in shoulder region, contusion of knee, chondromalacia of patella, and patellar tendinitis. Treatments to date include medication management, chiropractic treatments, acupuncture, and activity modifications. Report dated 12/19/2014 noted that the injured worker presented with complaints that included shoulder and knee pain. Physical examination provided appeared to be within normal limits in regards to the right knee, but much of the report was not legible. The utilization review performed on 01/23/2015 non-certified a prescription for diagnostic ultrasound of the right knee based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Ultrasound 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 (ODG);  
Ultrasound diagnostic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee: Ultrasound, diagnostic

**Decision rationale:** Ultrasound of the knee is recommended for guidance for knee joint injections. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. In this case there is no documentation that the patient is to receive an injection in the knee joint. There is no documented diagnosis that would require treatment with knee joint injection. The request should not be authorized.