

Case Number:	CM15-0114932		
Date Assigned:	06/23/2015	Date of Injury:	02/03/2015
Decision Date:	08/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 (IW) is a 41 year old male who sustained an industrial injury on 02/03/2015. He reported ongoing nasal stuffiness and throat problems he felt were secondary to exposure to cleansing chemicals and smoke. He also complained of cumulative trauma to the bilateral wrists, knees, ankles, and right knee. The injured worker was diagnosed as having bilateral knee sprain/strain, bilateral wrist sprain/tendonitis/deQuervain's, right knee sprain/strain, and bilateral ankle tendonitis. Treatment to date has included a comprehensive otolaryngological consultation (05/12/2015), physical therapy, and medications. Currently, the injured worker complains of persistent nasal stuffiness, running nose, sneezing, occasional nasal bleeding, pharyngeal soreness, difficulty swallowing, phlegm, heartburns and hoarseness. On examination there was no tenderness of the paracervical and upper trapezius muscles, range of motion of the cervical spine was full, and facial compression was without neck pain. In examination of the nose, the nasal membrane appeared swelling; there was hypertrophy of the inferior turbinate, and no evidence of infection or septal hematoma. There was no pathological bony mobility, and no external nasal deformity or crookedness. Pharyngo/laryngitis was attributed to GERD (gastroesophageal reflux disease). Examination of the ears was benign. In his examination of 05/08/2015, he complains of pain that is a 3 on a scale of 0-10 with medications and a 6-7 on a scale of 0-10 with medications. He is receiving Tramadol and Naproxen for pain relief, which he is recorded to get 4 hour s relief from. He has had 18 physiotherapy visits. In examination, his bilateral wrists are tender. His right knee is tender at the patella and has crepitis with a positive grind, and his ankles show mild tenderness at the Achilles tendon. In his physical therapy, the

worker is complaining of pain to both wrists and is receiving h-wave and electrostimulation at his sessions. A home exercise program is not recorded. The treatment plan includes continuation of his medications for pain, and an ultrasound of the right knee plus a transcutaneous electrical nerve stimulation (TENS) unit for home use. There is no record of a home trial of a TENS. A request for authorization was made for the following: One (1) ultrasound of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) ultrasound of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The ACOEM chapter on knee complaints and imaging studies states in table 13-5 that ultrasound is not a recommended diagnostic study for the evaluation of knee pathology. The provided documentation does not show a reason for ultrasound over recommended studies. Therefore, the request is not medically necessary.