

Case Number:	CM15-0127691		
Date Assigned:	07/14/2015	Date of Injury:	11/03/2011
Decision Date:	08/11/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female who sustained an industrial /work injury on 11/3/11. She reported an initial complaint of bilateral knee pain. The injured worker was diagnosed as having internal derangement of lateral meniscus of right knee and osteoporosis. Treatment to date includes medication, surgery (left knee arthroscopy with debridement, partial medial meniscectomy and chondroplasty of the lateral tibial plateau, left knee replacement arthroplasty), right knee brace, cane, and diagnostics. X-ray results reported on 10/28/14 and 6/23/15. Currently, the injured worker complained of bilateral knee pain with sensation of giving way with popping and catching along with weakness. Per the orthopedic evaluation on 6/23/15, exam noted localized swelling, lateral tenderness, flexion of 125 degrees, extension of 0 degrees with pain at end range, positive McMurray test with no instability and no laxity of posterior cruciate ligament. The left knee was tender with no increased temperature or erythema, mild swelling distal to knee, non-inflammatory, mild altered sensation lateral to incision related to surgery, flexion at 120 degrees, extension at 0 degrees, no laxity of left posterior cruciate ligament. Motor strength of both knees was normal. The requested treatments include ultrasound left knee and unknown limited bone scan, bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & 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) Leg and Knee (Acute & Chronic), Ultrasound, therapeutic.

Decision rationale: According to the Official Disability Guidelines, there is little information available from trials to support the use of many physical medicine modalities for mechanical knee pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Ultrasound Left Knee is not medically necessary.

Unknown limited bone scan, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Bone scan (imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Bone scan (imaging).

Decision rationale: The Official Disability Guidelines recommended bone scans after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. The first reviewer modified the request to 1 limited bone scan for the left knee only. Unknown limited bone scan, bilateral knees is not medically necessary.