

Case Number:	CM15-0176253		
Date Assigned:	09/17/2015	Date of Injury:	02/18/2015
Decision Date:	10/27/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/08/2015

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, 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 54 year old male, who sustained an industrial injury on 02-18-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck and low back pain, and bilateral knee and foot pain. Medical records (03-02-2015 to) indicate ongoing neck pain with radiating pain to both upper extremities, and low back pain with radiating pain to both lower extremities. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW was placed on restricted or modified duty. Upon review of the most recent PRs, dated 05-01-2015 and 07-27-2015, the knees were only examined on the later report. Those findings included tenderness to palpation over the medial joint lines and peri-patellar regions; crepitus was present; McMurray's causes pain, and range of motion was 140° flexion and 0° extension. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications. There was no diagnostic testing of the knees available for review. The request for authorization (07-27-2015) shows that the following diagnostic testing was requested: ultrasound studies of the right knee (x1), and ultrasound studies of the left knee (x1). The original utilization review (08-22-2015) denied the request for ultrasound studies of the right knee (x1), and ultrasound studies of the left knee (x1) based on the lack of support documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound studies of the right knee x1: 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) 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) Knee (ultrasound).

Decision rationale: CA MTUS/ACOEM Guidelines do not address diagnostic ultrasound (US) of the knees. ODG states that soft tissue injuries of the knee are best evaluated by MRI. US has been shown to be diagnostic for acute ACL injuries in the presence of hemarthrosis or for follow-up. In this patient, there is no reason to consider US rather than MRI. The physical examination does not document a hemarthrosis or findings of an acute ACL tear. Given the limited value of diagnostic ultrasound compared to MRI, the request is not medically necessary.

Diagnostic ultrasound studies of the left knee x1: 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) 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) Knee (ultrasound).

Decision rationale: CA MTUS/ACOEM does not address diagnostic ultrasounds (US) of the knee. ODG states that soft tissue injuries are best evaluated by MRI. US has been shown to be diagnostic for acute ACL injuries in the presence of hemarthrosis or for follow-up. In this patient, there is no reason to consider US rather than MRI. The Physical examination does not document the presence of a hemarthrosis or findings of an acute ACL tear. Given the limited value of diagnostic US compared to MRI, the request is not medically necessary.