

Case Number:	CM15-0094946		
Date Assigned:	05/21/2015	Date of Injury:	10/11/2004
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 10/11/2004, after a fall. The injured worker was diagnosed as having post complicated comminuted fractures, right knee, distal femur, and patella, open reduction and internal fixation (10/18/2004), and two subsequent surgeries (3/09/2005 and 3/15/2006), with residual severe patellofemoral arthralgia/osteoarthritic changes. Treatment to date has included diagnostics, surgical interventions, and medications. Currently, the injured worker complains of continued popping, grinding, and frequent cracking in his right knee, along with swelling. He wished to pursue surgical intervention. Pain was rated 6-7/10. Medication included Anaprox DS. Physical exam noted tenderness to palpation over the peripatellar region and medial joint line. Crepitus and decreased range of motion were noted. Stress test elicited pain without laxity and grind test was positive. The treatment plan included an updated diagnostic ultrasound of the right knee, noting that the prior study (10/2014) showed a complex lateral meniscal tear and marked osteochondral changes, an extension of prior authorized surgical consultation, and medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound 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 (ODG), Knee & Leg, Ultrasound, diagnostic.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for 1 Ultrasound of the right knee. The treating physician states, "Request updated diagnostic ultrasound study of the right knee due to continued buckling, crepitus, and giving way. Prior diagnostic ultrasound study on October 2014 revealed complex lateral meniscal tear and marked osteochondral changes." (146B) The ODG guidelines state, "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up." In this case, the treating physician has requested testing that would be better performed with an MR study. Additionally, the patient has already had a diagnostic ultrasound and the patient is not in the post-surgical state. The current request is not medically necessary and the recommendation is for denial.