
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 9/20/2010
IMR Application Received: 7/19/2013
MAXIMUS Case Number: CM13-0002081

- 1) MAXIMUS Federal Services, Inc. has determined the request for ultrasound of the left knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for ultrasound of the left knee **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

“According to the Appeal of Utilization Review Denial dated 06/25/13 by Dr. [REDACTED] [REDACTED] the patient was diagnosed with left knee with medial femoral condyle and 2 millimeter full thickness cartilage per magnetic resonance imaging (MRI) dated 11/22/10. The patient reported the symptoms remained unchanged since the last visit. The patient was not able to attend therapy due to work schedule conflict. On examination, there was tenderness over the medial and lateral joints as well as over the peripatellar region. Range of motion was restricted in all planes.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/19/2013)
- Utilization Review Determination from [REDACTED] (dated 07/02/2013)
- Employee medical records from Employee/Employee Representative
- Medical Treatment Utilization Schedule

1) Regarding the request for ultrasound of the left knee:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG) (Current Version), which is not part of the Medical Treatment Utilization

Schedule (MTUS). The Expert Reviewer stated MTUS did not address the issue at dispute and based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, V.3, Knee, Summary of Recommendations, Summary Tables, Table 1: Diagnostic and Other Testing, which is not part of the Medical Treatment Utilization Schedule, (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 11/22/2010 to the left knee. Medical records provided for review indicate treatments have included medication management, chiropractic care, a transcutaneous electrotherapy device, work restrictions, and use of a brace. The request is for ultrasound of the left knee.

MTUS does not specifically address the topic of diagnostic ultrasound for knee injuries. The ACOEM Guidelines note that ultrasound can be employed to evaluate those individuals with patellar tendinopathy, pes anserine bursitis, hamstring strains, quadriceps strains, or post arthroplasty chronic pain. ACOEM rates ultrasound as “no recommendation, insufficient evidence” for the majority of other topics, including knee sprains, ACL tears, meniscal tears, patellofemoral joint pain, etc. In this case, no clear diagnosis or differential diagnosis has been set forth by the attending provider. It appears, based on the records that the employee has persistent knee pain secondary to a chondral defect. Ultrasound has not been explicitly recommended by ACOEM for evaluation of chondral defects. The request for ultrasound of the left knee **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.