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| Case Number: | CM14-0119378 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/23/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male with a date of injury on August 23, 2013. He had a right knee injury; details of the injury are not available. The worker had a magnetic resonance imaging (MRI) scan from January of 2014 which revealed chondromalacia patella. There is a note from June 23, 2014 indicating the worker had an injection to the knee which only helped for a short period of time. An examination noted some tenderness over the medial femoral condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the Right Knee between 6/24/14 and 9/30/14: 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)

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 diagnostic

Decision rationale: The worker had been evaluated with a magnetic resonance imaging scan in January of 2014. It did not reveal significant pathology. There is an exam from June of 2014 noting only some tenderness over the medial femoral condyle. The Official Disability Guidelines note that in certain clinical instances, a diagnostic ultrasound might be a preferential

diagnostic tool for evaluating knee pathology. However, this criterion is not met. There is no data provided to support what the physician is looking for via the ultrasound study. Therefore, the requested service is not considered medically necessary.