

Case Number:	CM14-0110064		
Date Assigned:	09/16/2014	Date of Injury:	12/17/2008
Decision Date:	10/15/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 17, 2008. In a Utilization Review report dated June 30, 2014, the claims administrator failed to approve a request for a knee ultrasound while apparently approving an MR arthrogram of the knee. The full text of the IMR report was not, however, seemingly attached to the application. The applicant's attorney subsequently appealed. On February 1, 2010, the applicant underwent an operative arthroscopy, partial medial meniscectomy, synovectomy, and chondroplasty to ameliorate preoperative diagnosis of meniscus tear and chondromalacia. On a RFA form dated June 9, 2014, a consultation, lumbar MRI imaging, right knee ultrasound, Norco, Prilosec were endorsed. In an associated progress note of the same date, June 9, 2014, the applicant reported ongoing complaints of low back and knee pain. The applicant was not working, it was acknowledged. The applicant had a history of prior knee surgery, it was reported. The note was very difficult to follow and not altogether legible. The applicant was described as having superimposed issues of anxiety. There was no mention of how the proposed knee ultrasound would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Ultrasound: 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) Treatment for Workers' Compensation, Online Edition Chapter. Knee & Leg. Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 450 Ultrasound for evaluating patients with patellar tendinopathy, pes anserine bursitis, hamstring strains, quadriceps strains, or post-arthroplasty chronic pain, where peri-articular masses are suspected. Recommended, Insufficient Evidence (I).

Decision rationale: No, the proposed knee ultrasound was not medically necessary, medically appropriate, or indicated here. The MTUS do not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that ultrasound testing is recommended in the evaluation of the applicants with patellar tendinopathy, pes anserine bursitis, hamstring strains, quadriceps strains, and/or post arthroplasty knee applicants in whom peri-articular masses are suspected, here, however, the June 9, 2014 progress note was thinly and sparsely developed, handwritten, not altogether legible, and did not state precisely what was sought and/or what was suspected insofar as the proposed knee ultrasound was concerned. It was not stated how the proposed knee ultrasound would influence or alter the treatment plan. A differential diagnosis list was not seemingly furnished or formulated. Therefore, the request was not medically necessary.