MAXIMUS Federal Services

Case Number:	CM13-0069604		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2008
Decision Date:	04/23/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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:

This is a 53-year-old male patient with a reported work related injury 12/01/2008 and the mechanism of injury was that the patient fell into a ditch. On physical examination 11/23/2013 the patient presented reporting slight pain to lateral hamstrings on walking during liftoff; lateral anterior tibial plateau pain; slight swelling to ankle. Objective findings were a healed wound; anterior medial and lateral tibial plateau soreness; no effusion or edema; range of motion 0 degrees to 105 degrees, no instability. Other treatments have included medications, therapy, massage, and ultrasound. Examination of the lumbar spine reveals lumbar soreness to the left sacroiliac joint region extending to the left gluteal; range of motion was flexion 25 degrees and extension limited; intact motor; diminished sensation to the posterior medial calf and dorsi left foot; and equivocal straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,OT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ULTRASOUND, THERAPEUTIC Page(s): 123.

Decision rationale: The CA MTUS Guidelines state, "Not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing." The request for ultrasound therapy is non-certified. The clinical information submitted for review failed to indicate the body part to undergo ultrasound therapy. In addition, the CA MTUS guidelines do not recommend ultrasound. Although there were some objective findings of physical deficits, the clinical information provided for review lacked the body part to undergo the ultrasound therapy as well as not being supported by guidelines, the request is non-certified.