

Case Number:	CM14-0133441		
Date Assigned:	08/27/2014	Date of Injury:	12/06/2012
Decision Date:	10/02/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 12/06/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar IVD with myelopathy, strengthening of lumbar lordosis, lumbar sprain/strain, left shoulder sprain/strain, left wrist sprain/strain, and left knee sprain/strain. Past medical treatment consists of acupuncture, chiropractic therapy, physical therapy, the use of a TENS unit, therapeutic ultrasound, and medication therapy. Medications include Naproxen, Tramadol, Omeprazole, Topiramate, Multivitamin, and Topical Analgesia. The submitted report had an MRI submitted for review that was obtained on 08/13/2013, but it was done on the left knee, and not the right knee. On 08/04/2014, the injured worker complained of back and right knee pain. Physical examination revealed that the injured worker's range of motion was reduced bilaterally to his knees. There was tenderness to palpation at the medial aspect of the right knee. There was also tenderness to palpation of the lumbar spine with spasm. The treatment plan is for the injured worker to undergo a therapeutic ultrasound of the right knee. The rationale was not submitted for review. The Request for Authorization form was submitted on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Therapeutic Ultrasound of the Right Knee, qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Ultrasound, Therapeutic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Therapeutic Ultrasound

Decision rationale: The request for retrospective therapeutic ultrasound of the right knee that was done on 07/24/2014 was not medically necessary. The Official Disability Guidelines do not recommend Therapeutic Ultrasound or any other similar heat therapies. Therapeutic ultrasound is one of the several rehabilitation interventions used for the management of pain due to patellofemoral pain syndrome. 1 meta-analysis concludes that ultrasound therapy was not shown to have a clinical and proven effect on pain relief for patients with patellofemoral pain syndrome, although these conclusions are limited by the poor reporting and low methodological quality of the trial included. 1 study on the use of a therapeutic ultrasound for osteoarthritis of the knee concluded that ultrasound therapy appears to have no benefit over placebo or short wave diathermy treatment for patients with knee osteoarthritis. In ultrasound therapy, high frequency sound waves are used to warm superficial soft tissue or with the intention of facilitating tissue healing at the cellular level. Given the above, the use of therapeutic ultrasound is not recommended. The guidelines state that when used, it is used on patients with patellofemoral pain syndrome. The submitted report did not indicate a diagnosis of patellofemoral pain syndrome. It also states that ultrasound therapy is used to warm superficial soft tissue or with the intention to facilitate tissue healing at a cellular level. There was no indication in the submitted report that the injured worker had any such injuries. As such, the request for Retro Therapeutic Ultrasound in the Right Knee was not medically necessary.