

Case Number:	CM14-0038802		
Date Assigned:	06/27/2014	Date of Injury:	08/09/2011
Decision Date:	08/14/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 male patient with a date of injury of August 9, 2011. A utilization review determination dated March 20, 2014 recommends not certification of an ultrasound stimulator and conductive gel. A progress note dated January 31, 2014 identifies subjective complaints of bilateral knee pain. There is documentation that the patient is currently taking Tramadol and Gabapentin. Physical examination of the knees identifies mild swelling, tenderness to palpation of bilateral knees, bilateral lower extremity strength of 3/5, flexion at 70 bilaterally, extension at 70 bilaterally, lateral flexion at 35 bilaterally, and medial flexion at 35 bilaterally. The following orthopedic tests were positive: Apley's, compression, grinding, drawer, Lachman's, and McMurray's. Diagnoses include left knee posterior horn medial meniscus tear and right knee sprain/strain with osteoarthritis and internal derangement. The treatment plan recommends up to six acupuncture sessions, 24 sessions of chiropractic/physical therapy, urinalysis for toxicology, continuation of topical compounds and transdermal medications, continuation of Tramadol and Gabapentin, prescription for knee rehab kit and ultrasound stimulation unit, and referral to an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Stimulator and Conductive Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 123.

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

Decision rationale: Regarding the request for ultrasound stimulation and conductive gel, CA MTUS does not discuss this issue. ODG does not recommend ultrasound therapy over other, simpler heat therapies. Within the documentation available for review, the requesting physician has not included any peer reviewed medical literature to support the use of ultrasound for this patient despite the lack of support by ODG. As such, the currently requested ultrasound stimulation and conductive gel is not medically necessary.