

Case Number:	CM15-0146172		
Date Assigned:	08/07/2015	Date of Injury:	08/03/2013
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

Certification(s)/Specialty: Internal 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 injured worker is a 62 year old male, who sustained an industrial injury on 8-03-2013. Diagnoses include left hand fracture, left wrist internal derangement, and left hand internal derangement. Treatment to date has included diagnostics, physical therapy and psychological evaluation. Per the Primary Treating Physician's Progress Report dated 4-01-2015, the injured worker reported pain in the left wrist and hand that occurs 10% of the time. Physical examination revealed light touch sensation to the left index tip, left dorsal thumb web, and left small tip were intact. The plan of care included shockwave therapy for the left wrist, rest, ice, consultations and follow-up care. Authorization was requested for ultrasound and plethysmography.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Fitness for Duty.

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

Decision rationale: Therapeutic ultrasound is one of the most widely used electrophysical techniques and despite over 60 years of use, the effectiveness of it in treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence to show that it is more effective than placebo in treating musculoskeletal injuries or in promoting soft tissue healing. It is not recommended by the MTUS. As noted above, this modality is not recommended by the MTUS. The UR decision is upheld; the request is not medically necessary.

Plethysmograph: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Pederson, O.F (2015). Journal of Applied Physiology, <http://www1.radmd.com/media/622489/2014-nla-standard-clinical-guidelines.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med bibliography for plethysmography.

Decision rationale: Plethysmograph is an instrument for measuring changes in volume in an organ or body part. Plethysmography is used to measure changes in volume in different body parts. An application is found in the lungs where it is used to measure how much air the lung can hold. The MTUS does not mention this modality in any treatment of any maladies. Up to date also does not mention that this technique is used in any therapeutic modality. Plethysmography is not discussed in the MTUS. It is discussed in Up to date as a diagnostic tool in lung function studies. The review in Pub Med does not indicate that it is used in any treatment modalities. The UR was correct in refusing authorization for this. The request is not medically necessary.