

Case Number:	CM15-0190415		
Date Assigned:	10/02/2015	Date of Injury:	07/10/2003
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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, Indiana, New York
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 52 year old, who sustained an industrial injury on 07-10-2003. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for neuropathic pain, chronic regional pain syndrome, post fracture, crepitus, traumatic arthritis, and dorsal forefoot edema. Treatment and diagnostics to date has included home exercise program, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Norco, Cymbalta, Prilosec, and Gabapentin. After review of progress notes dated 06-15-2015 and 08-24-2015, the injured worker reported "continued chronic aching pain in dorsal forefoot". Objective findings included crepitus mid foot post fracture, lateral foot edema, and altered gait. The request for authorization dated 08-24-2015 requested trigger point injection, office visit, reports, unna boot, and ultrasound treatment x 2. The Utilization Review with a decision date of 09-16-2015 non-certified the request for 2 ultrasounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 ultrasounds: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, #2 ultrasounds are not medically necessary. Therapeutic ultrasound is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electro physical agents. The effectiveness of ultrasound remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound. In this case, the injured worker's working diagnoses are neuropathic pain; post fracture; crepitus/traumatic arthritis; and edema dorsal forefoot. Date of injury is July 10, 2003. Request for authorization is August 24, 2015. Subjective complaints include chronic aching pain in dorsal forefoot with limping and burning pain. Objectively, the documentation states neuropathic pain and chronic regional pain syndrome, crepitus midfoot and edema lateral foot/altered gait. There is no physical examination in the medical record. The treatment plan includes a request for #2 ultrasounds. Therapeutic ultrasound is not recommended. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination of the affected extremity and guideline non-recommendations for therapeutic ultrasound, #2 ultrasounds are not medically necessary.