

Case Number:	CM15-0213360		
Date Assigned:	11/03/2015	Date of Injury:	10/15/2014
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic knee pain with derivative complaints of sleep disturbance reportedly associated with an industrial injury of October 15, 2014. In separate Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for ultrasound therapy and "sleep hygiene." A September 28, 2015 office visit was referenced in the determination. The claims administrator contended that the request for "sleep hygiene" was ambiguous. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant was given a 25-pound lifting limitation. 7/10 low back and knee pain complaints were reported. The applicant had residual issues with sleep disturbance, the treating provider reported. A new knee brace was endorsed. The applicant was asked to continue acupuncture, a paraffin device, and TENS therapy. The applicant had undergone earlier knee surgery, it was reported. On September 27, 2015, the treating provider contended that the applicant would benefit from "TENS, ultrasound therapy, and sleep hygiene."

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Ultrasound, therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Ultrasound, therapeutic.

Decision rationale: No, the request for ultrasound therapy was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for in-clinic usage of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is not recommended in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, the attending provider suggested that the applicant was concurrently receiving multiple different passive modalities to include the ultrasound therapy at issue, TENS therapy, a paraffin device, etc. Usage of ultrasound therapy here, thus, was at odds with both pages 123 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Sleep hygiene: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysomnography, Criteria for Polysomnography.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for "sleep hygiene" was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 399 does acknowledge that applicants can be counseled on proper sleep and sleep hygiene, here, however, the request in question was ambiguously phrased, open to a variety of different interpretations, and did not clearly state whether the request in question represented a request for counseling in sleep hygiene, a consultation with a sleep specialist, or some other specific treatment modality. Therefore, the request was not medically necessary.