

Case Number:	CM15-0040487		
Date Assigned:	03/10/2015	Date of Injury:	08/31/2012
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 injured worker is a 57-year-old male, who sustained an industrial injury on 8/31/2012. He reported cumulative trauma to the bilateral arms, right knee, neck, low back with hearing loss and heart issues from repetitive activities and loud noises. The previous diagnoses and treatments were not provided for review. A progress note from the treating provider dated 1/21/2015 indicates the injured worker reported neck and low back pain that radiated to bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Home Therapeutic US Unit for B Knees: 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) TWC online guidelines, Knee Chapter; Therapeutic US: Ultrasound, therapeutic.

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

Decision rationale: MTUS Guidelines directly address the issue of therapeutic ultrasound for chronically painful musculoskeletal conditions which this individual has included chronic knee pain. The Guidelines state that is not recommended and there are no reasonable exceptions that are listed in the Guideline recommendations. Under these circumstances, the Home Therapeutic Ultra Sound (US) unit for the knees is not supported by Guidelines and is not medically necessary.