

Case Number:	CM15-0043231		
Date Assigned:	03/13/2015	Date of Injury:	04/25/2012
Decision Date:	05/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old male, who sustained an industrial injury on 04/25/2012. According to a progress report dated 01/07/2015, the injured worker complained of low back pain radiating to the lower extremity, neck pain and left knee pain. He also reported that he fell 4 days prior due to weakness of the left leg with imbalance. Left knee pain was increased. The left elbow was hurt. Tramadol/acetaminophen was noted as very helpful. Diagnoses included lumbar degenerative disc disease, knee sprain/strain, strain/shoulder unspecified site and cervical sprain/strain neck. Ultrasound therapy was done for the left knee. The injured worker reported pain relief. The treatment plan also included Terocin cream, TENS patches and Tramadol. According to a progress report dated 02/23/2015, the injured worker complained of constant low back pain that intermittently radiated to the lower extremity bilaterally, left greater than right. Medications managed pain 50-60 percent. TENS decreased pain. His stomach was better with Omeprazole. Diagnoses were noted as carpal tunnel syndrome, cervical radiculopathy per electrodiagnostic studies, left knee, lumbar degenerative disc disease, cervical degenerative disc disease, pain disorder with psych factors (poor coping) and adjustment disorder with depressed and anxious mood. Ultrasound therapy was done. Treatment plan included medications, home exercise program and TENS. Currently under review is the request for retrospective ultrasound therapy (in-house) provided on 02/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ultrasound therapy (in-house), provided on February 23, 2015: Upheld

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

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

Decision rationale: MTUS states "Not recommended. Therapeutic ultrasound is one of the most widely and frequently used electro physical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing". (Robertson, 2001) MTUS guidelines do not support the use of therapeutic ultrasound. The treating physician has not provided a medical rationale to exceed guidelines. As such the request for Retrospective ultrasound therapy (in-house), provided on February 23, 2015 is not medically necessary.