

<b>Case Number:</b>	CM14-0111219		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old male who reported an injury on 12/06/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar IVD with myelopathy, straightening of lumbar lordosis, lumbar sprain/strain, left shoulder sprain/strain, left wrist sprain/strain, and left knee sprain/strain. Past medical treatment consists of acupuncture, chiropractic therapy, physical therapy, the use of a TENS unit, and medication therapy. Medications include naproxen and topical analgesia. An MRI done on the lumbar spine showed degenerative disc disease at L4-5 and L5-S1 with annular tears. There was no significant canal stenosis nor was there any significant foraminal stenosis. On 08/08/2014, the injured worker complained of low back and right knee pain. Physical examination revealed that the injured worker's range of motion was reduced bilaterally to his knees. There was tenderness to palpation at the medial aspect of the right knee. There was also tenderness to palpation of the lumbar spine with spasm. The treatment plan is for the injured worker to undergo and therapeutic ultrasound of the right knee. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Ultrasound, right knee:** 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) -

Treatment in Workers' Compensation (TWC), Knee & Leg (Acute & Chronic) (updated 06/05/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee, Therapeutic Ultrasound.

**Decision rationale:** The ODG do not recommend therapeutic ultrasound or any other simpler heat therapies. Therapeutic ultrasound is 1 of the several rehabilitation interventions used for the management of pain due to patellofemoral pain syndrome. 1 META analysis concludes that ultrasound therapy was not shown to have a clinical and proven effect on pain relief for patients with patellofemoral pain syndrome, although these conclusions are limited by the poor reporting and low methodological quality of the trial included. 1 study on the use of therapeutic ultrasound for osteoarthritis of the knee concluded that ultrasound therapy appears to have no benefit over placebo or shortwave diathermy for patients with knee osteoarthritis. In ultrasound therapeutic, high frequency sound waves are used to warm superficial soft tissue or with the intention of facilitating tissue healing at the cellular level. Given the above, the use of therapeutic ultrasound is not recommended. The guidelines state that when used, it is used on patients with patellofemoral pain syndrome. The submitted report did not indicate a diagnosis of patellofemoral pain syndrome on the injured worker. It also states that ultrasound therapy is used to warm superficial soft tissue or with the intention to facilitate tissue healing at cellular level. There was no indication in the submitted report that the injured worker had any such injuries. As such, the request is not medically necessary and appropriate.