

Case Number:	CM14-0153616		
Date Assigned:	09/23/2014	Date of Injury:	05/20/2012
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 patient is a 32-year-old female who has submitted a claim for lower leg pain and lumbago associated with an industrial injury date of 05/20/2012. Medical records from 01/29/2014 to 08/27/2014 were reviewed and showed that patient complained of low back pain graded 3/10 and left knee pain graded 4/10. Physical examination revealed tenderness and swelling over left knee, hypesthesia along left L4 and L5 dermatome, full knee ROM (range of motion), intact MMT (manual muscle test) and DTRs (deep tendon reflexes) of lower extremities, and negative McMurray's, varus, and valgus tests. Ultrasound of left lower extremity dated 07/11/2014 was unremarkable. MRI of the left knee (date unavailable) revealed suspicion of Baker's cyst. Of note, there was no discussion of ACL tear suspicion. Treatment to date has included physical therapy and oral and topical pain medications. Utilization review dated 09/04/2014 denied the request for ultrasound left knee and alpha stim inclusive of supplies. However, rationale for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alpha stim inclusive of supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent electrical stimulation (MENS devices) Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: As stated in page 114 of the California MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrical therapy is a general umbrella term for a variety of devices that have different electrical specifications, each of which have different recommendations. In this case, the request for core alpha stim from the date of service November 4, 2011 does not have a specific electrical specification noted in the documentation. The progress note discussing this device and its prescription was not found in the medical records. The medical necessity cannot be established due to insufficient information. Therefore, the request for Alpha stim inclusive of supplies is not medically necessary.

Ultrasound study left: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Ultrasound, Diagnostic

Decision rationale: CA MTUS does not specifically address ultrasound of the knee. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that ultrasound has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of a hemarthrosis or for follow-up. In this case, the patient complained of left knee pain that prompted request for ultrasound. However, physical findings do not suggest ACL tear for which ultrasound study is indicated. There was no discussion of suspicion of ACL tear as well. There is no clear indication for ultrasound study at this time. Of note, left lower extremity ultrasound was already accomplished on 07/11/2014 with unremarkable results. The request likewise failed to specify the body part to undergo ultrasound. Therefore, the request for Ultrasound study left is not medically necessary.