

Case Number:	CM15-0116264		
Date Assigned:	06/24/2015	Date of Injury:	04/25/2013
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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, California

Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on 4/25/13. He reported pain in his right knee after a slip and fall accident. The injured worker was diagnosed as having right knee pain and right knee meniscus tear. Treatment to date has included a right knee MRI on 4/30/14 showing diffuse degeneration of the lateral meniscus and severe degeneration of the medial meniscus, acupuncture, right knee meniscal surgery on 12/9/14 and post-op physical therapy. On 3/31/15, the treating physician noted normal range of motion in the right knee, patella tendon tenderness and no joint effusion. The treating physician requested additional physical therapy. As of the PR2 dated 5/11/15, the injured worker reports 6/10 pain in his right knee. He uses Voltaren gel as needed for pain. Objective findings include an antalgic gait. The treating physician requested ultrasound therapy for the right knee. Patient has received an unspecified number of PT visits for this injury. Patient had received cortisone injection for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound therapy for the right knee, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 08/25/14) Ultrasound, therapeutic.

Decision rationale: Request: Ultrasound therapy for the right knee, quantity: 1 ACOEM/ODG state guideline does not specifically address this issue. Hence ODG used. Regarding ultrasound, the cited guidelines state, "Not recommended over other, simpler heat therapies." The detailed response of previous simpler heat therapies was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for Ultrasound therapy for the right knee, quantity: 1 is not fully established for this patient.