

Case Number:	CM15-0147571		
Date Assigned:	09/18/2015	Date of Injury:	11/09/2011
Decision Date:	10/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina

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 53-year-old female, who sustained an industrial injury on 11-9-11. Medical record indicated the injured worker is undergoing treatment for osteoarthritis of lower leg, status postsurgical left foot hardware, and lumbar degenerative disc disease and myofascial pain. Treatment to date has included left foot mid foot fusion, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, oral Gabapentin 100mg; topical LidoPro ointment, physical therapy, ultrasound therapy that was beneficial and activity restrictions. Currently on 6-10-15 and 6-19-15, the injured worker complains of continued pain in left ankle rated 6 out of 10 and low back pain radiating down right leg and left foot pain with intermittent tingling and burning sensation, hip pain and notes she trips often due to weakness and balance issues from back and ankle pain. Physical exam on 6-10-15 and 6-19-15 revealed reduced lumbar and left ankle range of motion, antalgic gait, decreased sensation of L5-S1, left trochanter bursitis and tenderness to palpation of lumbar paraspinal muscles. The treatment plan on 6-19-15 included ultrasound therapy, continuation of Gabapentin 100mg; topical LidoPro ointment, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and follow up appointment. On 7-1-15, utilization review non-certified a request for ultrasound therapy provided on 6-19-15 noting previously she was dispensed a heating pad, it is unclear why therapeutic ultrasound was being done in routine follow up, and it was not a physical therapy visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

US therapy for the left foot and lumbar spine, DOS: 6/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on low back pain states: Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. The requested service is not recommended by the ACOEM. It is not being used in conjunction with a program of functional restoration. Therefore, the request is not medically necessary.