

Case Number:	CM14-0143633		
Date Assigned:	09/12/2014	Date of Injury:	09/12/2011
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine and Geriatric Medicine and is licensed to practice in New York. 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 woman with a date of injury of 12/12/11. She was seen by her primary treating physician on 8/11/14. The note indicates that she had an ultrasound treatment that day but had no change in cervical or right shoulder pain, rated 6/10. Her pain was said to be improved with meds with no side effects or bowel or bladder changes. Her exam showed tenderness to palpation in her cervical spine paraspinal muscles with decreased lateral flexion (right) and extension. Her right shoulder could abduct to -90 degrees and was tender to palpation in the anterior aspect of the glenohumeral joint. Her diagnoses were cervical sprain/strain neck, strain shoulder, cervical radiculitis, displacement of cervical intervertebral disc without myelopathy. She was to continue medications, TENs and exercise. At issue in this review is ultrasound treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical/right shoulder ultrasound therapy: Upheld

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

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

Decision rationale: This injured worker was denied a request for ultrasound of the shoulder and cervical spine. Her physical exam reveals reduction in range of motion and pain with palpation. There are no red flag symptoms or signs which would be indications for immediate referral or further diagnostic testing. Therapeutic ultrasound is not recommended and 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. Given the lack of evidence and the concurrent use of medications, exercise and a TENS unit, the records do not document the medical necessity for the ultrasound therapy.