

Case Number:	CM13-0054939		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2012
Decision Date:	05/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 55 year-old male with a reported date of injury on 09/01/2012. The mechanism of injury was a motor vehicle accident. The clinical note dated 10/16/2013 noted the injured worker pain reported pain to the lumbar spine and right shoulder. The injured worker had mild pain with lumbar spine range of motion and pain with shoulder range of motion. The injured worker had diagnoses including lumbosacral spine radiculopathy, possible intervertebral disc syndrome, lumbar spine pain, and right shoulder pain. An MRI of the right shoulder was performed on 06/28/2013 which revealed labral fissuring and acromioclavicular osteoarthritis. The treatment plan is to see a pain specialist and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND AND DOPPLER ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/2370692](http://www.ncbi.nlm.nih.gov/pubmed/2370692) ULTRASONOGRAPHY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, CRPS AND ULTRASOUND, DIAGNOSTIC TESTS.

Decision rationale: The Official Disability Guidelines state ultrasound is not recommended. The guidelines note therapeutic ultrasound is 1 of the most widely and frequently electrophysical agents. Despite over 60 years of clinical use, 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 range of musculoskeletal injuries or for promoting soft tissue healing. The Official Disability Guidelines note Doppler flowmetry is not recommended. It is used primarily for research and there is insufficient evidence to support routine clinical use. The clinical note submitted for review does not indicate the subjective reasons for the ultrasound or for the Doppler study. The documentation did not provide an adequate and complete assessment of the injured workers objective functional condition as well as subjective complaints and prior conservative care as well as the efficacy of prior conservative care. The guidelines do not recommend the request for the ultrasound and Doppler. Therefore, the request is non-certified.