

Case Number:	CM14-0017125		
Date Assigned:	02/26/2014	Date of Injury:	08/17/2010
Decision Date:	07/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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 Occupational Medicine 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:

This is a 54-year-old female patient with an 8/7/10 date of injury. Medical records from 2013 were reviewed, consistently indicating the following: cervical and thoracic pain with myospasm and loss of range of motion, and right shoulder pain. A physical exam demonstrated trigger points in the cervical and thoracic spines, cervical tenderness, and limited bilateral shoulder strength. Treatment to date has included medication, activity modification, physical therapy, right carpal tunnel release, right tennis elbow release, and therapy. There is documentation of a previous 2/4/14 adverse determination for lack of guidelines support for the requested modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND STIMULATION WITH CONDUCTIVE GEL OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC ULTRASOUND Page(s): 123.

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

Decision rationale: CA MTUS states that therapeutic ultrasound is not recommended, with little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating

pain or a range of musculoskeletal injuries or for promoting soft tissue healing. In this case, there are no specific circumstances that would warrant therapeutic ultrasound despite adverse evidence. It is unclear how the patient would derive sustained benefit when little more than placebo effects were attributed to therapeutic ultrasound in randomized trials. Therefore, the request for Ultrasound Stimulation with Conductive Gel of the Cervical Spine is not medically necessary.