

Case Number:	CM14-0112015		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2013
Decision Date:	09/23/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 28 year old female who reported an injury on 11/22/2013. The mechanism of injury is not provided. Diagnoses listed were low back pain, cervicalgia, thoracic spine pain, and shoulder joint pain. Past treatment was not provided. No diagnostic studies or surgical history were documented. On 07/03/2014, the injured worker complained of low back pain that she rated a 5/10. Upon physical examination, she was noted to have tenderness to palpation to the low back and decreased range of motion. Medication list was not provided. The treatment plan was to continue medications, to encourage home exercise, and a therapeutic ultrasound. The rationale for the request was not clearly noted in the clinical documentation. The request for authorization form was signed and submitted on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Therapeutic ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for two therapeutic ultrasounds is not medically necessary. The injured worker reported a low back pain of 5/10, however, there was no mention of any functional deficits or conservative care. The California MTUS Guidelines state that therapeutic ultrasound is not recommended. 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 a range of musculoskeletal injuries or for promoting soft tissue healing. As the guidelines do not support therapeutic ultrasound treatment at this time, the request is not supported. Therefore, the request is not medically necessary.