

Case Number:	CM14-0116301		
Date Assigned:	09/22/2014	Date of Injury:	05/04/2013
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 & 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:

This is a 40-year-old female with a date of injury of 5/04/13. Mechanism of injury is not disclosed in the limited reports submitted for IMR review. 6/20/14 report states that the patient has right shoulder pain. The patient has been using a TENS. The patient returns to the clinic for a treatment from the PTP with therapeutic ultrasound. Exam shows reduced abduction, measured at 160 degrees. Flexion is at 170 degrees. Impingement tests are positive. Diagnoses are right shoulder injury, myofascial pain, RTC tendinitis, shoulder joint pain, thoracic sprain/strain, and shoulder sprain/strain. Request for therapeutic ultrasound was submitted to Utilization Review with an adverse determination rendered on 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic ultrasound right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS states that therapeutic ultrasound is not recommended and that despite 60 years of clinical use, it's effectiveness remains questionable. There is little

evidence that active therapeutic ultrasound is more effective than placebo. The request for therapeutic ultrasound of the right shoulder is not medically necessary.