

Case Number:	CM14-0118503		
Date Assigned:	08/06/2014	Date of Injury:	07/30/2009
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery, 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 46 year-old injured worker reported an industrial injury of 07/30/2009. Exam note from 02/04/2014 demonstrates tenderness to palpation on the right cervical paraspinal muscles. There is a request for trigger point injections; x8 to the right posterior deltoid and cervical paraspinal muscles. Exam note 04/25/2014 demonstrates neck pain with tingling on the right side of the face. Exam demonstrates tenderness to palpation over the right cervical facet joint line and paraspinal muscles. Exam note 06/09/2014 demonstrates improvement with yoga and stretches. Claimant complains of neck pain radiating up through the scalp to the right eye with an electrical current. Physical exam demonstrates tenderness to palpation over the right cervical facet joint line and paraspinal muscles. Tenderness is noted to palpation over the right greater occipital nerve with a reproducible headache to the right eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic ultrasound - neck & right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.com Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Therapeutic ultrasound.

Decision rationale: The MTUS/ACOEM is silent on the issue of therapeutic ultrasound on the shoulder. According to the ODG, ultrasound (diagnostic) is recommended for detection of full thickness rotator cuff tears. In this case the submitted clinical notes demonstrate no evidence clinical to suspect a full thickness rotator cuff tear. The evidence on therapeutic ultrasound for shoulder problems is mixed. Ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. But the evidence does not support use of ultrasound for other conditions of the shoulder. There is no evidence of the effect of ultrasound in generalized shoulder pain (mixed diagnosis), adhesive capsulitis or rotator cuff tendinitis. In this case the exam note from 02/04/2014 does not demonstrate evidence of calcific tendonitis. The use of therapeutic ultrasound for the requested injection is therefore not medically necessary.