

Case Number:	CM14-0133022		
Date Assigned:	08/22/2014	Date of Injury:	03/22/2011
Decision Date:	10/31/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 42-year-old female, who has submitted a claim for overused syndrome, hypermobility, De Quervain's Tenosynovitis, Chronic Pain Syndrome and upper arm pain in joint associated with an industrial injury date of March 22, 2011. Medical records from 2014 were reviewed, which showed that the injured worker complained of right shoulder pain. Physical examination of the right shoulder revealed decrease sensation in the right upper extremity. Range of motion of the right wrist was as follows: flexion at 45 degrees, hyperextension at 50 degrees, and lateral/medial deviation at 20 degrees. Treatment to date has included medication, home exercise program and TENS. Utilization review from August 6, 2014, denied the request for therapeutic ultrasound of the right shoulder because this type of treatment is unproven as an effective treatment for long-term pain relief or improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Ultrasound of the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: As stated on page 123 of 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, therapeutic ultrasound of the right shoulder was requested to alleviate the pain of the injured worker. However, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There was no compelling rationale concerning the need for variance from the guideline. In addition, the frequency, duration and number of sessions of ultrasound was not specified. Therefore, the request for Therapeutic Ultrasound of the Right Shoulder is not medically necessary.