

Case Number:	CM14-0151466		
Date Assigned:	09/19/2014	Date of Injury:	12/25/2012
Decision Date:	10/20/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family Practice 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:

65 year old male claimant sustained a work injury on 12/25/12 involving the left shoulder, neck and low back. He was diagnosed with cervical strain, left shoulder impingement, left wrist strain and left medial epicondylitis. He had undergone physical therapy and oral analgesics. He underwent an arthroscopic thermal capsulorrhaphy of the left shoulder in November 2013. An MRI of the cervical spine on 4/9/14 indicated the claimant had cervical disc protrusions at multiple levels. An ultrasound of the shoulder that month also showed adhesions of the left shoulder, findings consistent of prior shoulder surgery and an intact rotator cuff. A progress note on 9/8/14 indicated the claimant had continued pain in the involved areas. Exam findings included spasms in the cervical region and tender range of motion of the left arm. Additional therapy and analgesics were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultrasound 2 times a week for 4 weeks for the Cervical Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14) Ultrasound, therapeutic, ODG Shoulder (updated 07/29/14) Ultrasound, therapeutic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: According to the ACOEM guidelines, there is no high-grade evidence to support the effectiveness of ultrasound for neck and upper back symptoms. The clinical notes does not specify the indication for ultrasound therapy. Therefore the ultrasound 2 times a week for 4 weeks was not medically necessary.