

Case Number:	CM14-0034656		
Date Assigned:	06/20/2014	Date of Injury:	04/07/2013
Decision Date:	08/12/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 31-year-old female who reported an injury on 04/07/2013. The injured worker used her bodyweight to get under a patient to try and prevent the patient from falling. Her prior treatments were noted to be medications, physical therapy, chiropractic therapy, and acupuncture therapy. Her diagnosis was noted to be cervical facet arthropathy of the left side. The injured worker had an evaluation on 01/28/2014. It was noted her complaint was continuous, mild to severe, achy pain in the left shoulder with radiating pain into the left hand associated with swelling sensations. She indicated the pain was aggravated by repetitive pushing, pulling, carrying, and lifting. Her pain ranged from 3 to 9 on a scale from 0 to 10. The physical examination showed normal range of motion for the left shoulder, no deformity, atrophy, or skin changes. The injured worker had tenderness over the anterior aspect of the left shoulder over the acromial space as well as the bicipital groove. She had expressed pain with elevation and external rotation. The treatment plan was for local Celestone and lidocaine injections in the subacromial space, and to be re-evaluated in 2 weeks. The provider's rationale for the request was not provided within the documentation. The Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound stimulation for the left shoulder, conductive gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend therapeutic ultrasound. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. 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. The injured worker does not have any documentation in the most recent clinical evaluation of any drug therapy for pain. The injured worker's most recent clinical evaluation does not indicate a treatment recommendation for therapeutic ultrasound. The documentation does not indicate failed conservative care. In addition, the request fails to provide a frequency of visits or use. Therefore, the request for ultrasound stimulation for the left shoulder, conductive gel, is not medically necessary.