

Case Number:	CM14-0041913		
Date Assigned:	06/30/2014	Date of Injury:	02/21/2013
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Arizona. 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 39-year-old female who sustained a slip and fall injury on 2/21/2013. As a result of that injury, the patient is complaining of pain in her neck with a clunking sound when she moves it, low back pain, bilateral shoulder pain, bilateral forearm pain, bilateral wrist pain, bilateral hand pain, bilateral pain in the upper legs and knees and bilateral lower leg and ankle pain with numbness tingling and weakness in both arms, legs and feet. She is also complaining of headaches, depression, and anxiety. Due to her symptoms the treating physician has recommended an ultrasound unit for neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound unit for neck pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Neck.

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

Decision rationale: Ultrasound is not recommended according to chronic pain guidelines. It is one of the most widely and frequently used electro-physical 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 it is better than placebo. Therefore, according to the guidelines, the medical necessity for an ultrasound unit has not been established.