

Case Number:	CM14-0064151		
Date Assigned:	07/23/2014	Date of Injury:	05/21/2008
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 44 year old female with a work injury dated. The diagnoses include cervical degenerative disease, SLAP tear, thoracic sprain, lumbar degenerative disc disease. Under consideration is a request for therapeutic ultrasound treatment, (DOS 04/03/14) Quantity: 1. There is a primary treating physician report dated 3/14/14 which stated that the patient complained of decreased cervical, thoracic, and lumbar range of motion with tenderness to palpation. The treatment plan included therapeutic ultrasound for generalized back spasm and right shoulder and elbow which decreased the patient's pain level to 5/10. Per documentation on 4/10/14 the patient had an office visit and had a pain level 9/10. The patient came for trigger point injections and therapeutic ultrasound for bilateral shoulder pain, right upper middle, lower back pain. On exam there was decreased range of motion to cervical, thoracic, and lumbar spines with tenderness. The treatment plan included ultrasound to thoracic, and spasm, right shoulder, and elbow with setting 10/5 with patient tolerating well. Pain decreased 4/10. 2. Trigger point injection with Lidocaine 1 % to bilateral trapezius x2 and right Rhomboids x1. Pt. tolerated procedure well with immediate pain relief. Medication refills: Topiramate 25 mg #60, Omeprazole 20 mg #60 Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Ultrasound Treatment, (DOS 04/03/14) Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ultrasound, therapeutic.

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

Decision rationale: The guidelines state that therapeutic ultrasound is not recommended. The guidelines state that 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 documentation indicates that the patient has had excessive ultrasound treatments with no significant long lasting effect on function or analgesia. The request for therapeutic ultrasound treatment (DOS 4/3/14) Quantity 1 is not medically necessary per MTUS guidelines.