

Case Number:	CM14-0081561		
Date Assigned:	07/18/2014	Date of Injury:	02/22/2012
Decision Date:	09/22/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

According to the records made available for review, this is a 46-year-old female with a 2/22/12 date of injury, and status post shoulder surgery January 2013. At the time (4/29/14) of request for authorization for Ultrasound Therapy for Cervical Spine and Left Shoulder - Unspecified duration or frequency, there is documentation of subjective (6/10 pain, continued neck and left shoulder pain, pain increased with range of motion and activities of daily living) and objective (diffuse tenderness to palpation in cervical spine and decreased cervical range of motion) findings, current diagnoses (shoulder injury status post surgery January 2013, displacement of cervical intervertebral disc without myelopathy, and cervical radiculitis), and treatment to date (home exercise program, TENS unit, and previous ultrasound treatment (which relaxes her muscles and provides mild symptom relief)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Therapy for Cervical Spine and Left Shoulder - Unspecified duration or frequency: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that therapeutic ultrasound is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ultrasound Therapy for Cervical Spine and Left Shoulder Unspecified duration or frequency is not medically necessary.