

<b>Case Number:</b>	CM13-0021601		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/25/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of August 25, 2007. In a Utilization Review Report dated August 22, 2013, the claims administrator failed to approve a request for "ultrasound of bilateral hands." The applicant's attorney subsequently appealed. In a progress note somewhat blurred as a result of repetitive photocopying seemingly dated August 15, 2013, the applicant reported ongoing complaints of neck pain and shoulder pain. Ultrasound of the bilateral hands was endorsed, along with injections of the trigger fingers of the hands. Splinting was endorsed. The note was quite difficult to follow and did not clearly state whether the request in question was diagnostic ultrasound testing or therapeutic ultrasound. In a June 4, 2013 progress note, the applicant reported ongoing issues with chronic pain and depression. The applicant had issues with multiple trigger fingers. Shoulder pain was also evident. Trigger fingers were endorsed. Ultrasound of the hands was also suggested. It was suggested (but not clearly stated) that the request in question represented a request for therapeutic ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND OF BILATERAL HANDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ULTRASOUND (DIAGNOSTIC) Page(s): 123.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123 of 127.

**Decision rationale:** No, the request for ultrasound for the bilateral hands was not medically necessary, medically appropriate, or indicated here. The request in question appears to represent a request for therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is "not recommended" in the chronic pain context present here. Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, the attending provider's documentation was sparse, thinly developed, and did not furnish a clear or compelling rationale for pursuit and/or selection of this particular modality in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.