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| <b>Case Number:</b>   | CM14-0201157 |                              |            |
| <b>Date Assigned:</b> | 12/11/2014   | <b>Date of Injury:</b>       | 08/21/1998 |
| <b>Decision Date:</b> | 01/28/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2014 |

### 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 Internal Medicine, 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:

The injured worker (IW) is a 64-year-old woman with a date of injury of August 21, 1998 due to cumulative trauma from repetitive motion of her neck. The current diagnoses are cervical disc displacement; and depression and anxiety. The IW underwent cervical fusion at C5-C6 in 1999, which made her worse. The IW suffered a stroke on June 20, 2012. Prior treatment have included medications, TENS unit, neck brace, speech therapy, and manual therapy/massage. Pursuant to the progress note dated October 29, 2014, the IW complains of head, neck, and bilateral upper extremity pain. She continues to note pain in her upper back primarily on the right side near her scapula. Medication include Capsaicin cream, Diclofenac cream, Accuflora, A-F Betfood, Atorvastatin, Biofreeze gel, Calcium, Cortisol manager, Cranberry, Digestive enzymes, Famotidine, Fish oil, Fluticasone nasal spray, Glucosamine, Green vibrance, Maxi hair, Notriptyline, Plavix, Vitamin B complex, and Voltaren gel. Examination reveals normal muscle tone in the upper extremities. There was tenderness over the trapezius with increased muscle tone. The treating physician is requesting authorization for 1-month rental of home ultrasound unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month Rental of Home Ultrasound Unit:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Therapeutic Ultrasound.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, one-month rental home ultrasound unit is not medically necessary. Therapeutic ultrasound is not recommended. Therapeutic ultrasound 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 active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or range of musculoskeletal injuries or for promoting soft tissue healing. In this case, the injured worker is 64 years old with a date of injury August 21, 1998. Injured workers working diagnoses are cervical disc displacement and depression with anxiety. Prior treatment modalities include prescription medications, tens unit, neck brace, speech therapy and manual therapy/massage. The guidelines do not recommend therapeutic ultrasound. Consequently, absent the recommendations according to the Official Disability Guidelines, one month rental home ultrasound unit is not medically necessary.