

<b>Case Number:</b>	CM15-0103500		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, New York, 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 39-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 26, 2014. In a Utilization Review report dated May 21, 2015, the claims administrator retrospectively denied ultrasound therapy involving the right shoulder. The claims administrator referenced an April 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 17, 2015 progress note, the applicant did apparently receive ultrasound therapy for issues with shoulder tendinosis. It was suggested that the applicant was working with restrictions in place. A 20-pound lifting limitation was endorsed. The applicant was working with said limitation in place, it was acknowledged. The applicant was asked to continue usage of TENS unit and LidoPro ointment at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective ultrasound therapy for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Ultrasound, therapeutic; Physical Medicine Page(s): 123; 98.

**Decision rationale:** No, the request for ultrasound therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is not recommended in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. The attending provider's decision to employ two separate passive modalities on April 17, 2015, namely ultrasound therapy and TENS therapy, thus, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ to such passive modalities sparingly during the chronic pain phase of the treatment. Therefore, the request is not medically necessary.