

Case Number:	CM15-0166916		
Date Assigned:	09/04/2015	Date of Injury:	07/08/2009
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 46 year old female, who sustained an industrial-work injury on 7-8-09. She reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having tenosynovitis of wrist or hand, medial epicondylitis, shoulder tenosynovitis, cervical degenerative disc disease, status post carpal tunnel release of left hand, gastritis, cervical radiculopathy, status post left elbow surgery. Treatment to date has included medication and ultrasound. Currently, the injured worker complains of chronic neck and left shoulder pain rated 3 out of 10. The pain radiated down to the left upper extremity and fingers, along with numbness and tingling sensation. Spasms occurred in the left neck and shoulder blade. Per the primary physician's progress report (PR-2) on 7-27-15, exam noted tenderness with palpation to the left parascapular and trapezius area, positive for hypertonicity to bilateral trapezius, and paraspinal muscle spasms. There was reduced grip strength in the left hand. The requested treatment included Ultrasound therapy left shoulder/cervical/left paraspinal muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound therapy left shoulder/cervical/left paraspinal muscle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

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

Decision rationale: This injured worker has chronic neck, arm and shoulder pain. Prior treatments have included ultrasound and medications. She has ongoing pain and there is no documentation of lasting efficacy of prior ultrasound treatment. Per the guidelines, therapeutic ultrasound is not recommended and 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 a range of musculoskeletal injuries or for promoting soft tissue healing. The records do not document the medical necessity for the ultrasound therapy.