

Case Number:	CM15-0187580		
Date Assigned:	09/29/2015	Date of Injury:	01/21/2015
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/23/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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(n) 63 year old male, who sustained an industrial injury on 1-21-15. The injured worker was diagnosed as having cervical strain, right shoulder impingement syndrome and right lateral epicondylitis. Medical record dated 8-24-15 indicated 6 out of 10 pre-treatment pain and 4-5 out of 10 post-treatment pain. The physical exam (3-18-15 through 7-16-15) revealed full range of motion in the right shoulder and positive Hawkins sign. Treatment to date has included a TENS unit trial, chiropractic treatments, Gabapentin and Naproxen. As of the PR2 dated 8-31-15, the injured worker reports right shoulder pain is anterior lateral and subacromial. He describes the pain as dull to sharp and worse with motion and numbness and tingling of the right fingers. He rates his pain 7 out of 10 before ultrasound therapy and 5 out of 10 after therapy. The treating physician noted that the injured worker had completed ultrasound therapy today. The treating physician requested retrospective ultrasound therapy, neck and right shoulder. The Utilization Review dated 9-23-15, non-certified the request for retrospective ultrasound therapy, neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultrasound Therapy, Neck and Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ultrasound, therapeutic; ESWT Ultrasound, therapeutic.

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 Official Disability Guidelines, ultrasound therapy to the neck and right shoulder is not medically necessary. Therapeutic ultrasound is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electro physical agents. The effectiveness of ultrasound remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound. In this case, the injured worker's working diagnoses are cervical strain; muscle spasms; right shoulder impingement syndrome; left middle finger trigger finger; and right thumb trigger finger. The date of injury is January 21, 2015. Request for authorization is September 23, 2015. According to her progress note dated August 31, 2015, subjective complaints are notable for right shoulder pain, and right sided neck pain. The injured worker is attending chiropractic treatment. Ultrasound therapy was applied to the right shoulder and neck. It was tolerated well. The guidelines do not recommend therapeutic ultrasound. Based on the clinical information medical record, peer-reviewed evidence-based guidelines, and guideline nine recommendations or therapeutic ultrasound, ultrasound therapy to the neck and right shoulder is not medically necessary.