

<b>Case Number:</b>	CM15-0022911		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35-year-old female who reported an injury on 07/24/2014. The mechanism of injury was not provided. Documentation of 01/07/2015 revealed the injured worker had an ultrasound treatment. The injured worker had mid to low back pain and cervical pain. The injured worker had nausea that was improved with omeprazole. The physical examination revealed decreased range of motion with flexion up to her knees and pain elicited upon walking on toes and heels. The diagnoses included cervical, thoracic, and lumbar sprain and strain, and myofascial pain. The treatment plan included a TENS unit, medications, self treatment, and a home exercise program, as well as ultrasound treatment. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ultrasound, therapeutic.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend therapeutic ultrasound. The clinical documentation submitted for review failed to provide the rationale for the use of the treatment. Additionally, the request as submitted failed to indicate the quantity of ultrasound treatments and the body part to be treated. There was a lack of documentation of exceptional factors to warrant nonadherence to guidelines recommendations. Given the above, the request for ultrasound treatment is not medically necessary.