

Case Number:	CM14-0145149		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 32-year-old male with a 3/7/12 date of injury. At the time (8/18/14) of the Decision for 1 Ultrasound stimulator purchase for the shoulder and spinal (dispensed 7/13/12), there is documentation of subjective (low back pain radiating to the bilateral lower extremities and intermittent shoulder pain) and objective (decreased bilateral shoulder forward flexion and abduction) findings, current diagnoses (shoulder disorder), and treatment to date (physical therapy and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one Ultrasound stimulator purchase for the shoulder and spinal (dispensed 7/13/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that therapeutic ultrasound is not recommended. Therefore, based on guidelines and a review of the

evidence, the retrospective request for 1 Ultrasound stimulator purchase for the shoulder and spine is not medically necessary.