

<b>Case Number:</b>	CM14-0151034		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Tennessee. 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:

This is a 35-year-old male with a 2/4/13 date of injury; the mechanism of the injury was not described. The patient underwent two surgeries to his right hand in 02/2013 and 06/2013. The patient was seen on 8/18/14 with complaints of worsening pain in the right hand. Exam findings revealed extensive surgical scar and skin changes on the second digit of the right hand and tenderness to palpation in the right hand. The flexion and extension of the second digit were limited. The patient was treated with a therapeutic ultrasound and sustained immediate pain relief to his right hand. The diagnosis is right hand pain and finger laceration. Treatment to date: physical therapy, paraffin baths, work restrictions, medications, acupuncture. An adverse determination was received on 9/9/14 given that the patient was treated with a therapeutic ultrasound, however there was lack of documentation of sustained pain relief and significant functional improvement and the device was not recommended by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic ultrasound right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Forearm, Wrist, & Hand

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

**Decision rationale:** CA MTUS states that therapeutic ultrasound is not recommended, with little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The progress notes indicated that the patient underwent treatment with a therapeutic ultrasound to his right hand with immediate pain relief. However, there is a lack of documentation indicating the duration in the patient's pain relief and objective functional gains from the treatment. In addition, the guidelines do not support this medical device given little evidence of effectiveness. Therefore, the request for Therapeutic ultrasound right hand was not medically necessary.