

Case Number:	CM14-0152245		
Date Assigned:	09/22/2014	Date of Injury:	01/01/2004
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational Medicine 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:

This is a 69-year-old female with a 1/1/04 date of injury. The mechanism of the injury was not described. The patient underwent left shoulder surgery on 3/13/13. The patient was seen on 8/7/14 with complaints of ongoing pain in the neck that radiated down to the right upper extremity. The patient also reported pain in the left shoulder. The patient underwent cervical epidural steroid injection on 11/5/12 that provided 50 % improvement in the patient's pain. The exam findings of the cervical spine revealed tenderness to palpation, muscle rigidity, numerous trigger points in the cervical paraspinal muscles, upper trapezius and medial scapular regions bilaterally. The diagnosis is right upper extremity complex regional pain syndrome, right ulnar neuropathy, cervical strain/sprain. Treatments to date included physical therapy, work restrictions, medications, and steroid injections. An adverse determination was received on 8/19/14 given that the patient's injury occurred in 2004, which did not support the guidelines recommendations for short-term relief during the early phases of pain and treatment. In addition, the patient attended physical therapy (PT) and it was a lack of documentation indicating why the patient should not receive ultrasound therapy in those sessions. Treatment to date: physical therapy, work restrictions, medications, and steroid injections. An adverse determination was received on 8/19/14 given that the patient's injury occurred in 2004, which did not support the guidelines recommendations for short-term relief during the early phases of pain and treatment. In addition, the patient attended PT and it was a lack of documentation indicating why the patient should not receive ultrasound therapy in those sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of an ultrasound unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: CA MTUS Guidelines state that Therapeutic ultrasound is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. 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 patient was noted to have pain and multiple trigger points in the cervical spine, trapezius and scapular region. The request was for a purchase of an ultrasound unit; however the guidelines do not support this medical device given the lack of evidence of effectiveness. Therefore, the request for 1 purchase of an ultrasound unit is not medically necessary.