

Case Number:	CM15-0177739		
Date Assigned:	09/18/2015	Date of Injury:	05/06/2012
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

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

This 46 year old woman sustained an industrial injury on 5-6-2012. The mechanism of injury is not detailed. Evaluations include an undated cervical spine MRI showing mild disc dessication and protrusion and electromyogram of the bilateral upper extremities showing left side radiculopathy. Diagnoses include cervical radiculitis, shoulder impingement, myofascial pain, cervical radiculitis, and carpal tunnel syndrome. Treatment has included oral medications, TENS therapy, and acupuncture. Physician notes dated 7-9-2015 show complaints of bilateral shoulder and neck pain rated 5 out of 10. The worker received an ultrasound of the bilateral shoulder and neck during this visit and the post-treatment pain rating was 4 out of 10. The physical examination shows clean, dry, and intact skin. Recommendations include continue the current medication regimen, continue acupuncture, continue TENS unit therapy, theracane, return in two weeks for ultrasound of the bilateral shoulders and neck, and follow up in one month. Utilization Review denied a request for ultrasound of the bilateral shoulders and neck citing it is not recommended without surgical indication and no red flag indications were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder -Ultrasound, therapeutic.

Decision rationale: Ultrasound of the left shoulder is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that therapeutic ultrasound is not recommended. The MTUS states despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. 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 ODG states that the evidence on therapeutic ultrasound for shoulder problems is mixed. Ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. There is no evidence of the effect of ultrasound in generalized shoulder pain (mixed diagnosis), adhesive capsulitis or rotator cuff tendinitis. When compared to exercises, ultrasound is of no additional benefit over and above exercise alone. The documentation does not reveal significant objective evidence that any prior shoulder ultrasound has contributed to long-term increase in function. The MTUS does not support therapeutic ultrasound and the ODG states that ultrasound provides no significant benefit over exercise alone. The request for ultrasound is not medically necessary.

Ultrasound of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder -Ultrasound, therapeutic.

Decision rationale: Ultrasound of the right shoulder is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that therapeutic ultrasound is not recommended. The MTUS states despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. 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 ODG states that the evidence on therapeutic ultrasound for shoulder problems is mixed. (Ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. There is no evidence of the effect of ultrasound in generalized shoulder pain (mixed diagnosis), adhesive capsulitis or rotator cuff tendinitis. When compared to exercises, ultrasound is of no additional benefit over and above exercise alone. The documentation does not reveal significant objective evidence that any prior shoulder ultrasound has contributed to long-term increase in function. The MTUS does not support therapeutic ultrasound and the ODG states that ultrasound provides no significant benefit over exercise alone. The request for ultrasound is not medically necessary.