

Case Number:	CM15-0026516		
Date Assigned:	02/19/2015	Date of Injury:	01/01/2006
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii

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 41 year old male, who sustained a work related injury on 1/1/06. The diagnoses have included chronic pain syndrome, depression, cervicgia and cervicothoracic myofascial pain syndrome. Treatments to date have included oral medication, chiropractic treatments and ultrasound trial. In the PR-2 dated 1/14/15, the injured worker complains of "intolerable" neck and shoulder pain. He states he received ultrasound therapy during chiropractor visits and it was beneficial. On 2/2/15, Utilization Review non-certified a request for a home ultrasound unit. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home ultrasound unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

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

Decision rationale: The patient presents with pain affecting the upper back and bilateral upper extremities. The current request is for Home Ultrasound Unit. The treating physician states, "He has trialed an ultrasound machine in chiropractic visits. He found it to be palliative and is requesting a home unit." The treating physician also documented that the patient is weaning from oral medications so the treating physician is hoping that acupuncture and an ultrasound machine will help with this process. (25B) The MTUS guidelines state, "Not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable." In this case, the treating physician has requested a medical device that is not recommended by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.