

Case Number:	CM15-0091534		
Date Assigned:	05/15/2015	Date of Injury:	07/10/2014
Decision Date:	07/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 7/10/14. The injured worker was diagnosed as having right shoulder sprain/strain, brachial neuritis/radiculitis, and myalgia/myofibrositis. Treatment to date has included occupational therapy, TENS, a home exercise program, and medication. Currently, the injured worker complains of right shoulder pain with radiation to the right elbow. The treating physician requested authorization retrospective ultrasound therapy of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultrasound therapy of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The MTUS does not recommend the use of therapeutic ultrasound in cases of chronic pain. Although it is one of the most widely and frequently used electrophysical agents

and 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. Because this treatment is not recommended by the MTUS guidelines, the request is not medically necessary at this time.