

<b>Case Number:</b>	CM15-0097189		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	05/10/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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

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 (IW) is a 56 year old female who sustained an industrial injury on 05/10/2014. She reported cervical, lumbar, and shoulder pain. The injured worker was diagnosed as having cervical sprain/strain, and lumbar sprain/strain. Treatment to date has included ultrasound treatment (2/5/15) with good relief, oral, topical, and transcutaneous pain medications, work restrictions, a TENS( transcutaneous electrical nerve stimulation) unit, and chiropractic care. Currently, the injured worker complains of pain in the cervical spine, lumbar spine, and shoulder. Her pain is 6/10 in intensity and is decreased with oral pain medications and topical pain patches. She denies nausea and vomiting, abdominal pain, bowel or bladder changes. There is tension in the cervical spine with spasm and decreased range of motion in all planes. The plan of treatment is to continue conservative care with medication, TENS , Theracare and ultrasound. An orthopedic referral will be made, and chiropractic care continued. A formal request for authorization is made for additional ultrasound treatment x 6 cervical lumbar spine, orthopedic referral for left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional ultrasound treatment x 6 cervical lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99. Decision based on Non-MTUS Citation ODG, Therapeutic Ultrasound, page 354.

**Decision rationale:** Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal therapy in a patient that has been instructed on a home exercise program for this chronic injury. Additionally, ultrasound therapy, high-frequency sound waves, is used to warm superficial soft tissues or with the intention of facilitating tissue healing at the cellular level. Ultrasound heating may be useful for tendon injuries or for short-term pain relief of muscle strain or spasm, but is not recommended over other, simpler heat therapies. Therapeutic ultrasound is one of several rehabilitation interventions used for the management of pain. One meta-analysis concludes that ultrasound therapy was not shown to have a clinically important effect on pain relief for patients. Submitted reports have not adequately demonstrated the indication to support further therapy when prior treatment rendered has not resulted in any functional benefit. The Additional ultrasound treatment x 6 cervical lumbar spine is not medically necessary and appropriate.