MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/21/2013

Employee:	
Claim Number:	
Date of UR Decision:	6/27/2013
Date of Injury:	1/28/2013
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003831

1) MAXIMUS Federal Services, Inc. has determined the retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for one (1) left ultrasound, extremity, nonvascular, real time with image documentation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 27, 2013:

Clinical Rationale
The patient is a 68 year old female with a date of injury of 1/28/2013. Under consideration is a retrospective request for an ultrasound of the bilateral elbows.

According to the submitted documentation the patient was being treated for left shoulder and left wrist pain. Per the April 11, 2013 evaluation the patient reported left shoulder and left wrist pain.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/26/13)
- Utilization Review Determination from [redacted] (dated 6/27/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Elbow Chapter, Ultrasound section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee was injured on 1/28/2013 and has experienced left shoulder and left wrist pain. A Doctor's First Report dated 3/11/2013 indicates bilateral wrist, left shoulder, left elbow pain, and there is no mention of a right elbow injury. Bilateral elbow ultrasounds were performed. The retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation was submitted.

The ODG has recommendations for the use of diagnostic ultrasound for the elbow. The ODG indicates ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. The retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation **is not medically necessary and appropriate.**

2) **Regarding the retrospective request for one (1) left ultrasound, extremity, nonvascular, real time with image documentation:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Elbow Chapter, Ultrasound section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee was injured on 1/28/2013 and has experienced left shoulder and left wrist pain. A Doctor's First Report dated 3/11/2013 indicates bilateral wrist, left shoulder, left elbow pain, and there is no mention of a right elbow injury. Bilateral elbow ultrasounds were performed. The retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation was submitted.

The ODG has recommendations for the use of diagnostic ultrasound for the elbow. The ODG indicates ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. The retrospective request for one (1) right ultrasound, extremity, nonvascular, real time with image documentation **is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.