

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

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Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/21/2013
Date of Injury:	4/23/2012
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006019

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one diagnostic ultrasound is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 request for **one diagnostic ultrasound 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 Preventive Medicine and Occupational Medicine 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.

### **Expert Reviewer Case Summary:**

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented 37-year-old [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with industrial injury of January 31, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers and various specialties; transcutaneous electrotherapy; unspecified amounts of occupational therapy; extensive periods of time off from work; and subsequent return to the work place.

The most recent note on files of July 10, 2013, utilization review report, in which a diagnostic ultrasound is non-certified owing to lack of supporting information.

A recent clinical progress note of June 14, 2013, is handwritten, not entirely legible, and notable for comments that the applicant has appending shoulder surgery consultation. It is stated that ultrasound imaging of the elbow is sought to identify medial and lateral epicondylitis.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for one diagnostic ultrasound:

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Elbow (Acute and Chronic), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Elbow Chapter (American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 3<sup>rd</sup> Edition (2013).

### Rationale for the Decision:

As noted in the third edition ACOEM Guidelines, updated in 2013, diagnostic ultrasound is seldom necessary for issues involving the elbow. While it is tepidly endorsed in select cases involving biceps tendinosis, severe strains, or refractory epicondylalgia, in this case, however, the attending provider did not furnish any clear or compounding rationale for the test in question. The medical records reviewed do not clearly state why the attending provider believes that diagnostic ultrasound would be beneficial here. Per the guidelines lateral epicondylitis is classically considered a diagnosis made clinically, not radiographically. The guidelines do suggest that imaging studies can be sought involving the elbow, in general, in individuals in whom surgery is being considered for a specific anatomic defect. In this case, however, it does not appear that the employee is or was considering or contemplating surgery involving the elbow. Rather, the employee is seemingly intent on pursuing shoulder surgery. Therefore, the request for the proposed diagnostic ultrasound of the elbow is non-certified owing to lack of supporting documentation, lack of supporting rationale, and lack of a clear indication that the imaging study in question would alter the treatment plan.

**The request for one (1) diagnostic ultrasound 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.