

<b>Case Number:</b>	CM13-0009619		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Illinois, Texas and West Virginia. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female who reported an injury on 01/31/2012. The patient also reports cumulative trauma related to job duties from 01/31/2007 to 05/18/2012. The mechanism of injury was not provided in the medical records. The initial course of treatment is unclear; however, it is known that the patient has received an unknown duration of acupuncture, medications, a self-guided exercise program, and a home ortho stimulation unit. Throughout her ongoing treatment, the patient has continued to experience right shoulder and neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One diagnostic ultrasound (through Medfocus 800-398-8999) between 6/19/2013 and 8/23/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Shoulder, Ultrasound, diagnostic.

**Decision rationale:** The MTUS Guidelines did not specifically address the use of diagnostic ultrasounds; therefore, the Official Disability Guidelines were supplemented. ODG

recommends diagnostic ultrasound to identify complete and partial tears of the distal biceps tendon. However, ultrasound is not recommended in detection of symptomatic lateral epicondylitis. In the medical records submitted for review, the employee shows no signs of epicondylitis and has full range of motion in the elbows, and only reports tenderness to touch. The employee offers no characterization of the pain experienced in the bilateral elbows nor is there any mention of a decreased grip strength. As such, the request for 1 diagnostic ultrasound (through Medfocus 800-398-8999) between 6/19/2013 and 8/23/2013 is non-certified.