

<b>Case Number:</b>	CM13-0068504		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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. The expert reviewer is Board Certified in Family 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 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 an employee of [REDACTED] and has submitted a claim for unspecified myalgia/myositis associated with an industrial injury date of February 4, 2003. The treatment to date has included oral analgesics, physical therapy, ultrasound-guided injections and left supraclavicular resection. The utilization review dated November 27, 2013 denied the request for diagnostic ultrasound because request did not specify the desired body part to undergo the procedure. The medical records from 2013 were reviewed and showed intermittent bilateral upper extremity pain and paresthesias more on the left side with involvement of the little and ring fingers associated with activities and cold weather. History shows that the patient was diagnosed with thoracic outlet syndrome due to cumulative trauma and underwent left supraclavicular resection; and cervical thoracic scoliosis and cervical disc disease with cervical radiculitis. Physical examination showed tenderness to the following areas: bilateral supraclavicular, paracervical muscles, trapezius, lateral epicondylar regions, volar and extensor aspects of the forearm, and mid palm and thenar regions of the hands. Tinel's sign is positive at the levels of distal wrist creases bilaterally. The patient takes Naproxen and Oxycodone for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A DIAGNOSTIC ULTRASOUND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Forearm, Wrist and hand, Diagnostic US.

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

**Decision rationale:** California MTUS does not address this issue. ODG Shoulder Chapter, Ultrasound, diagnostic Section recommends ultrasound for evaluating the integrity of the rotator cuff. In this case, the patient complains of upper extremity pain however the request did not indicate the desired body part to undergo the procedure. Therefore, the request for a diagnostic ultrasound is not medically necessary.