

Case Number:	CM13-0071721		
Date Assigned:	02/28/2014	Date of Injury:	08/24/2011
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 52-year-old male who reported an injury on 08/24/2011. The mechanism of injury was that the injured worker was in a walk-in freezer arranging boxes of approximately 80 to 90 pounds, which several fell off of a shelf striking the injured worker in his low back and left leg and the injured worker braced himself with his left arm to prevent the fall and immediately felt pain in the left shoulder, left arm, low back and left leg. The documentation of 11/04/2013 revealed that the injured worker had complaints of left neck and left shoulder pain. The injured worker also complained of left buttock pain with left leg radiation and left lateral knee pain. The physical examination revealed that the injured worker had tenderness/spasm in the left trapezius, left anterior scalene and left pectoralis minor. The injured worker had left shoulder tenderness. The injured worker had decreased shoulder range of motion in the left shoulder and a positive impingement sign and supraspinatus test on the left. The injured worker additionally had a positive Roos' test, Wright test, and brachial plexus stretch test for thoracic outlet syndrome on the left. The injured worker had a positive left costoclavicular abduction test and percussion over the brachial plexus. The injured worker had a positive medial epicondylar tenderness test on the left and a cubital tunnel Tinel's test on the left was positive as well. The injured worker had positive examination of the wrists. The injured worker had a positive Tinel's and median nerve compression test on the left. The injured worker had hypoesthesia in the left upper extremity to pinwheel testing. The injured worker's strength was 4/5 for the left upper extremity motor testing. The injured worker had positive piriformis tenderness and a stress test on the left. The injured worker had a Yeoman's sign and a positive Faber/Patrick and straight leg raise on the left. The injured worker had decreased range of motion of the lumbar spine. The injured worker had hypoesthesia in the left lateral leg distal to the knee. The left lower extremity motor testing revealed muscle strength of 4/5 in the foot inversion and extensor hallucis. The

injured worker had 1+ reflexes in the bilateral knees. The diagnoses included posttraumatic thoracic outlet syndrome with associated left piriformis syndrome and left shoulder adhesive capsulitis along with left common peroneal entrapment and right L5-S1 spondylolysis and spondylolisthesis. Discussion included that a soft tissue ultrasound examination of the left brachial plexus with Doppler flow studies soft tissue ultrasound with findings of probable adhesive capsulitis and left piriformis ultrasound looking for adhesions, edema, and sciatic entrapment would be requested. In addition, it was indicated that the physician opined that the injured worker had developed left common peroneal entrapment as a result of limping from the pain. The injured worker had moderate left lateral knee tenderness and dysesthesia to palpation and percussion. A soft tissue ultrasound of the left common peroneal nerve area would be obtained looking for entrapment of the groin. Other treatment recommendations would be pursued in completion of the diagnostic studies. The plan included an ultrasound examination of the left brachial plexus, Doppler flow of the left shoulder, ultrasound of the left elbow and left piriformis and left common peroneal and ultrasound of the fibular head as well as Ambien 10 mg at bedtime for sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ULTRASOUND OF THE LEFT BRACHIAL PLEXUS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip And Pelvis (Acute And Chronic) Chapters.

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, Arterial Ultrasound TOS Testing.

Decision rationale: The Official Disability Guidelines do not recommend arterial ultrasound thoracic outlet syndrome testing. The clinical documentation submitted for review indicated the soft tissue ultrasound was being requested for the left brachial plexus with Doppler flow studies, a soft tissue ultrasound with findings of probable adhesive capsulitis. Additionally, the physician indicated that the injured worker had findings of posttraumatic thoracic outlet syndrome. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above the request for 1 ultrasound of the left brachial plexus is not medically necessary.

ONE ULTRASOUND OF THE LEFT ELBOW, LEFT PRIFORMIS AND LEFT COMMON PERONEAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

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

Decision rationale: The Official Disability Guidelines recommend ultrasound when there is suspected nerve entrapment or mass and plain films are non-diagnostic. The clinical documentation submitted for review failed to indicate that the injured worker had undergone recent plain films to support the necessity. The request for an ultrasound of the left elbow would not be supported. The Official Disability Guidelines further indicate that an indication for diagnostic ultrasound in the hip is for scar tissue, adhesions, collagen fiber and muscle spasm and the need to extend muscle tissue or accelerate soft tissue healing. The clinical documentation submitted for indicated that the request was to look for entrapment of the nerve in the groin. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 1 ultrasound of the left elbow, left piriformism, and left common peroneal is not medically necessary.

ONE ULTRASOUND OF THE FIBULAR HEAD: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that diagnostic ultrasound is appropriate for acute anterior cruciate ligament injuries in the presence of hemarthrosis or for follow-up. The clinical documentation submitted for review indicated the physician opined that the injured worker had developed left common peroneal entrapment and had necessity for a left knee ultrasound. There was a lack of documentation of lower studies that had been obtained and their findings. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 1 ultrasound of the fibular head is not medically necessary.