

Case Number:	CM14-0009948		
Date Assigned:	06/13/2014	Date of Injury:	09/25/2012
Decision Date:	07/15/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 54-year-old female who sustained an injury to her left shoulder on 09/25/12 while standing on top of the ladder and reaching to place some files onto a shelf, she felt an immediate onset of pain in her mid and low back. She went to employee health and she was given Motrin. She followed up about six or seven occasions and continue to work regular duties. The injured worker has received prescription medication, acupuncture visits, aquatic therapy and diagnostic studies performed. The injured worker experienced a gradual onset of widespread flu-like symptoms. Grip strength 4, 2 and 2 pounds on the left after three successful tries using the Jamar dynamometer; otherwise, the joints of the bilateral upper extremities have normal range motion with no arthritic deformities or effusions. Deep tendon reflexes bilaterally symmetrical; no effusions; circumferential measurement show no significant atrophy; reflexes are normal to pinprick sensation; muscle strength testing normal tone; Tinels's, Pahlen's and Finkelstein's signs negative. Electrodiagnostic studies were normal in the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF LEFT SHOULDER: 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) Elbow Chapter, Ultrasound, diagnostic.

Decision rationale: The previous request was denied not on the basis that in this case, there was lack of clinical information as to the history or clinical findings of prior investigations of treatment to dictate the performance of any evaluation. There was no indication that plain radiographs were obtained or MRI was performed prior to the request for diagnostic ultrasound. The ODG states. Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow. Given the clinical documentation submitted for review, medical necessity of the request for ultrasound of the left shoulder has not been established.