MAXIMUS Federal Services

Case Number:	CM14-0011059		
Date Assigned:	02/21/2014	Date of Injury:	03/04/2009
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 a 57-year-old male who has submitted a claim for right shoulder pain, right shoulder repeat tear of rotator cuff, and lumbar spine pain, associated with an industrial injury date of March 4, 2009. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right shoulder pain and low back pain radiating to the right lower extremity accompanied by numbness of the right foot. On physical examination, the cervical and thoracic spine was not tender. Examination of the right shoulder revealed tenderness and limited range of motion in all planes. There were trigger points noted in the right shoulder girdle and arm musculature. Sensation was grossly intact. Lumbar spine examination revealed limited range of motion in all planes with tenderness over the spinous processes from L1-S1. There was also tenderness over the sacroiliac joints. There were trigger points noted in the lumbar paravertebrals, quadratus lumborum, gluteals, and piriformis muscles bilaterally. Straight leg raise test was negative bilaterally. Reflexes were diminished at the patella and Achilles bilaterally. Sensation was diminished at the right L4, L5, and S1 distributions. Treatment to date has included medications, physical therapy, right shoulder arthroscopic rotator cuff repair (September 12, 2012), and lumbar epidural steroid injections. Utilization review from January 14, 2014 denied the request for Duplex ultrasound of neck. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUPLEX ULTRASOUND OF NECK: 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), Neck and Upper Back Chapter (updated 12/16/13), Ultrasound, diagnostic (imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology Practice Guidelines for Performing and Interpreting Diagnostic Ultrasound Examinations

Decision rationale: CA MTUS does not specifically address Duplex ultrasound of the neck. Per the Strength of Evidence hierarchy, established by the California Department of Industrial Relations, Division of Workers' Compensation, the American College of Radiology (ACR) Practice Guidelines for Performing and Interpreting Diagnostic Ultrasound Examinations was used instead. ACR states that the request for ultrasound examinations should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation. Documentation that satisfies medical necessity includes signs and symptoms and/or relevant history. Additional information regarding the specific reason for the examination or a provisional diagnosis would be helpful and may at times be needed to allow for the proper performance and interpretation of the examination. In this case, the medical records failed to provide a relevant history that may warrant an ultrasound examination of the neck. A rationale for the requested procedure was also not provided. Therefore, the request for duplex ultrasound of neck is not medically necessary.