

Case Number:	CM14-0015540		
Date Assigned:	02/21/2014	Date of Injury:	01/04/2013
Decision Date:	07/23/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 60 y/o female, DOI 1/4/13. Subsequent to the injury she has developed a wide spread chronic pain syndrome that involves the upper and lower spine in addition to the shoulders, arms and lower extremities. She has had complaints of shoulder discomfort starting near the DOI. Physical exam findings are reported to be consistent with rotator cuff syndrome with associated weakness and impingement findings. Chronic lateral elbow tenderness is described. She has been treated with Physical Therapy, Acupuncture and Chiropractic. The details of what specific body part has been treated with what specific treatment is not well documented in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DIAGNOSTIC ULTRASOUND FOR THE BILATERAL SHOULDERS AND LEFT ELBOW: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines do not address diagnostic ultrasound testing in adequate detail. ODG Guidelines address this issue extensively. Prior Utilization Review denied the diagnostic ultrasound stating that there was inadequate conservative care. However, there was no documentation of why it was concluded there was inadequate conservative care or what would be adequate conservative care prior to diagnostic testing. There has been conservative care, the symptoms have been present for greater than 1 year and there are specific exam findings and subjective complaints that have not improved during this time period. Upon reviewing the complete situation the requested diagnostic testing is medically necessary and is consistent with Guideline recommendations.