

Case Number:	CM14-0015757		
Date Assigned:	03/03/2014	Date of Injury:	08/07/2011
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

This is a 30-year-old female who was injured on 08/07/11. The records provided for review include a progress report dated 01/09/14 noting continued complaints of bilateral hand pain, low back pain and neck pain. The claimant's working diagnosis was status post open reduction internal fixation of the right wrist secondary to a fracture of 10/05/13, cervical myoligamentous injury with cervicogenic headaches, bilateral lower extremity radiculopathy and lumbar strain. Physical examination findings showed restricted lumbar and cervical range of motion, trapezial and paravertebral tenderness to palpation, diminished sensation along the C5-6 dermatomal distribution as well as positive lower extremity straight leg raising. The recommendation was made for purchase of a home ultrasound unit for therapeutic purposes. It stated that this was for the claimant's diagnosis of right wrist pain with tendinitis following the surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT PORTABLE HOME ULTRASOUND UNIT:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The ACOEM and Official Disability Guidelines do not support the request for a home ultrasound unit for purchase. The ACOEM Guidelines state that Ultrasound for therapeutic purposes is currently "not recommended" with only weak evidence of short term benefit of therapeutic ultrasound for distal radial fracture postoperative care. Without documentation of guideline support, the specific request is not medically necessary and appropriate.