

Case Number:	CM14-0113573		
Date Assigned:	08/01/2014	Date of Injury:	02/04/2003
Decision Date:	11/14/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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:

Injured worker is a female with date of injury 2/4/2013. Per progress report dated 5/29/2014, the injured worker complains of cervical spine pain. She reports that her symptoms are progressively worsening. Neck pain continues and there is tenderness and tightness. She states her range of motion is limited. The arms feel heavy and it hurts to just lift them up. Symptoms continue proximally and she is "still struggling a lot with the left side", but does feel she has noted benefit from surgery. Pain on the left is rated at 10/10. Pain on the right side is rated at 6/10. She cannot tolerate the nerve slides or exercises. Pain is achy and radiates down to elbows and fingers. Triggering and hand symptoms have continued to progress and just turning a door knob is difficult and painful. Hands are swollen and reactivity symptoms continue bilaterally, as does the numbness. She gets the locking and popping at the left first digit, but the rest of the hand feels as if it is cramping. On the right the thumb and third digit that is locking or cramping. On examination she is in no acute distress and ambulates with a steady gait. She decided to do Phalens and Hunter due to pain. There is tenderness at the base bilaterally of first and third digits with clicking noted in the left first and bilateral third digits, but no locking. Fisting is painful, but good. No wrist drop is noted. Spasm is noted at left sided neck with pain on cervical spine rotation. Tinel testing showed local tenderness at the right elbow. There is a positive Tinel at the medial nerve at the left wrist. Tenderness is noted at bilateral radial forearm. There is positive Tine of the ulnar nerve at the right wrist and at the left elbow cubital tunnel. Diagnoses include 1) subluxing extensor tendon right 3 2) trigger finger, right 1, left 1 and right 3 3) sympathetically mediated pain syndrome in bilateral upper extremities 4) radio ulnar joint injury left wrist grade 2 5) TFCC tear, left wrist grade 1 6) neuropathy, medial neuropathy right, median neuropathy left, radial neuropathy left (radial tunnel), radial neuropathy right (radial tunnel) and ulnar neuropathy left 7) brachial plexopathy/cervical radiculopathy left with long

thoracic neuritis and scapular winging grade 2 8) status post trigger finger release left first digit 9) posterior occipital neuralgia left side with cervical plexus symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Ultrasound, therapeutic section

Decision rationale: The MTUS Guidelines do not address the use of cervical spine ultrasound. The ODG reports that therapeutic ultrasound is under study with little information available from trials to support the use of many physical modalities for mechanical neck pain, often employed based on anecdotal or case reports. This request is for a diagnostic ultrasound, but the injured worker is already seeing a spine surgeon. The spine surgeon has plans for electrodiagnostic studies and MRI of the cervical spine without contrast per clinical report dated 6/11/2014. Medical necessity of ultrasound has not been established. Therefore, the request for Diagnostic ultrasound for the cervical spine is not medically necessary and appropriate.