

Case Number:	CM14-0154974		
Date Assigned:	09/25/2014	Date of Injury:	09/27/2013
Decision Date:	11/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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:

Patient had a date of injury on 9/27/2013. Patient was pulling a handle on a tri-axle while bent over and felt pressure to the left side of his back. Diagnosis includes Lumbago, Disc disorder lumbar spine, Lumbar sprain, and Disc degeneration. Current medications include Norco, Flexeril, Prilosec, and Tramadol. Patient had 24 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right wrist: 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), Forearm, Wrist, and Hand, Ultrasound (diagnostic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand

Decision rationale: According to guidelines Ultrasound can be used for detecting tendon injuries as well as the ulnar nerve. Based on the patient's medical records there is no indication as to why an ultrasound is needed and thus not medically necessary.

Ultrasound of the left wrist: 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), Forearm, Wrist, and Hand, Ultrasound (diagnostic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand

Decision rationale: According to guidelines Ultrasound can be used for detecting tendon injuries as well as the ulnar nerve. Based on the patient's medical records there is no indication as to why an ultrasound is needed and thus not medically necessary.