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| Case Number: | CM14-0020190 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 06/04/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 46-year-old female who has submitted a claim for discogenic cervical condition, impingement syndrome of the bilateral shoulders and discogenic lumbar condition associated from an industrial injury date of June 4, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated January 8, 2014 revealed that the patient on and off pain along the collarbone for the last two weeks. She has a significant popping sensation when she moves her shoulder forward and backward along her collarbone. On physical examination, there is pain along the collarbone with crepitation and popping sensation. Treatment to date has included physical therapy, aqua therapy, chiropractic treatment, modified duty, TENS, home exercise program, cervical collar with gel, cervical pillow, and medications that include Norco, Soma, Flector patch, Lorazepam, Naproxen Sodium, Trazodone, Mirtazapine, Tramadol, Tylenol, Gabapentin and LidoPro lotion. Utilization review from January 28, 2014 denied the request for ultrasound collar bone because there is no diagnosis and there is lack of any condition or objective finding expected to require ultrasound therapy. Also, it is not clear if the request is for rental or purchase of the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound collar bone: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Special Studies and Diagnostic and Treatment Considerations, pages 557-559, 561-563.

Decision rationale: California MTUS states that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. In this case, ultrasound of the collar bone was requested to evaluate for soft tissue injury, as she has persistent pain for the last two weeks. However, the most recent report has insufficient subjective and objective findings that warrant further investigation with ultrasound. Also, there was no diagnosis given for the collarbone symptoms. Moreover, there is no documentation of failure of conservative care and observation for 4-6 weeks. The medical necessity for an ultrasound of the collarbone was not established. Therefore, the request for ultrasound of the collarbone is not medically necessary.