

Case Number:	CM14-0041488		
Date Assigned:	06/30/2014	Date of Injury:	04/01/2009
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 46-year-old female who sustained an injury to her right arm on 04/01/09. The mechanism of injury was not documented. MRI of the right shoulder dated 05/31/12 revealed full thickness tear of the supraspinatus at the insertion site; small subacromial/sub deltoid bursal effusion; small subchondral cyst/erosion in the humeral head. Clinical note dated 10/04/14 reported that there was a mass to the right arm. The injured worker experienced tenderness and swelling. There was no recent detailed physical examination of the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right arm: Upheld

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) Forearm, wrist and hand chapter, Ultrasound (therapeutic).

Decision rationale: More detailed clinical information regarding physical examination findings and when the mass occurred was needed. The Official Disability Guidelines states that treatment with this modality is not recommended. Recent, evidence-based studies have shown only weak

evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures. For arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2, or 3 weeks of treatment. Recent evidence based studies have shown that adding ultrasound therapy to splinting was not superior to splinting alone. Given this, the request for ultrasound of the right arm is not indicated as medically necessary.