

Case Number:	CM14-0047930		
Date Assigned:	07/02/2014	Date of Injury:	03/09/2006
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/16/2014

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:

This is a 62-year-old female patient with a 3/9/06 date of injury. A progress report dated on 4/3/14 indicated that the patient's main complaint was terrible pain in her neck, shoulders, hands wrists, mid back and low back. Physical exam of the upper extremity revealed painless, full range of motion in the elbows, forearms, wrists and hands. The patient had full range of motion in the shoulders which associated with terrible pain. Neurological exam demonstrated pain throughout her entire upper extremities and radiated to the neck. She couldn't feel her arms and hands. X-ray was done at the same day. It showed evidence of some degenerative changes in her in the cervical spine. There were no changes with a prior film for shoulders and wrists. She was diagnosed with chronic radiculitis and chronic pain syndrome. Treatment to date has consisted of medication management. There is documentation of a previous 03/20/14 adverse determination, based on the fact that there was no documentation supporting the need of diagnostic ultrasound for bilateral elbows and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound bilateral elbows: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: MTUS states that therapeutic ultrasound is not recommended, with little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The patient presented with the pain in her neck shoulders, elbows and wrists. Physical exam revealed full painless range of motion in her elbows and wrist. However, it was not clear whether the request for ultrasound was for diagnostic or for therapeutic means. In addition there was no documentation supporting any new exacerbation of elbows or wrists pain or functional deficits. Therefore, the request for Ultrasound bilateral elbows was not medically necessary.

Ultrasound bilateral wrists: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: MTUS states that therapeutic ultrasound is not recommended, with little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The patient presented with the pain in her neck shoulders, elbows and wrists. Physical exam revealed full painless range of motion in her elbows and wrist. However, it was not clear whether the request for ultrasound was for diagnostic or for therapeutic means. In addition, there was no documentation supporting any new exacerbation of pain in the elbows or wrists pain or functional deficits. Therefore, the request for Ultrasound bilateral wrists was not medically necessary.