

Case Number:	CM14-0084967		
Date Assigned:	07/23/2014	Date of Injury:	05/28/2009
Decision Date:	09/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine, and is licensed to practice in Maryland. 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 67 year old female who had a work related injury on 05/28/09. Mechanism of injury was not described. The injured worker was treated with injections to her left thumb, splints, electromyograms, occupational therapy braces, and splints. Nerve conduction study revealed bilateral significant carpal tunnel syndrome on the left, Guyon canal syndrome and left cubital tunnel syndrome. Most recent clinical documentation submitted for review was dated 04/28/14 stating the injured worker returned essentially unchanged. The injured worker was not authorized for the requested physical therapy as she had reached her limit of 24 visits. Physical examination she had antalgic gait favoring left lower extremity. She had left scalene tenderness to palpation and decreased range of motion of cervical spine due to pain. There was left elbow tenderness and decreased range of motion of left shoulder. There was positive Roos test on the left and positive brachioplexus stretch test on the left. There was positive left costoclavicular abduction testing. There was dyesthesia in the left C8-T1 dermatome. Positive piriformis test on the left, positive straight leg raise on the left, and hypoesthesia in the left L5-S1 dermatome. Diagnosis; status post left wrist triangular fibrocartilage repair/pisiform excision in 2010. Left piriformis syndrome. Mild left thoracic outlet syndrome with left upper extremity double crush findings with carpal tunnel, Guyon, and cubital tunnel syndrome. Fibromyalgia. Prior utilization review on 05/28/14 was non-certified. Current request is for soft tissue ultrasound of the piriformis and brachial plexus with Doppler flow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Soft tissue ultrasound of the piriformis and brachial plexus with doppler flow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, Ultrasound (Sonography) Shoulder chapter, Arterial ultrasound TOS testing.

Decision rationale: The request for soft tissue ultrasound of the piriformis and brachial plexus with doppler flow is not medically necessary. The guidelines do not support the request for support ultrasound testing of the brachial plexus due to high rate of false positives. Magnetic resonance image is favored over ultrasound of the piriformis as a superior imaging choice. Therefore, medical necessity has not been established.