

Case Number:	CM14-0096160		
Date Assigned:	07/25/2014	Date of Injury:	08/13/1997
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 claimant is a 56-year-old male who sustained an industrial injury on August 13, 1997. The diagnosis includes chronic pain, carpal tunnel syndrome, pain in the joint involving the shoulder region, pain in the forearm, adhesive capsulitis of the shoulder, bicipital tenosynovitis and a rotator cuff sprain. The exam note from 3/10/2014 demonstrates the patient is complaining of pain in the left elbow and shoulder. The patient has had difficulty with the brace for the left elbow. Symptoms were noted to be any C5-6 distribution and in the brachial plexus. Voltaren gel was noted to be not effective. Office visit dated 5/12/2014 demonstrates the patient has continued complaints of irritability in the brachial plexus region of left shoulder. Office visit note 5/27/2014 demonstrates the patient has complaints of left arm muscle aching, pain and numbness. Exam demonstrates severe tenderness of the supraclavicular region with a positive Tinel's and Adson's test on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound Left Plexus and Scalene Muscles: 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) 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) Shoulder section, ultrasound, diagnostic.

Decision rationale: CA MTUS/ACOEM is silent on the issue of diagnostic ultrasound on the shoulder. According to ODG, Shoulder section, ultrasound, diagnostic, it is recommended for detection of full thickness rotator cuff tears. In this case the submitted clinical notes demonstrate no evidence clinical to suspect a full thickness rotator cuff tear. The exam from 5/27/14 demonstrates severe tenderness of the supraclavicular region with a positive Tinel's and Adson's test on the left. As the guideline criteria have not been satisfied for diagnostic ultrasound, the determination is not medically necessary.

Trigger Point Injection Ultrasound Guided of Trapezius and Parascapular Muscles:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page 122 Page(s): 122.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines recommends trigger point for myofascial pain syndrome and not for patients with radicular pain. It is recommended for symptoms persisting for more than 3 months and medical management including stretching, physical therapy, NSAIDs and muscle relaxants have failed to control pain. In this case the exam note from 5/27/14 demonstrates evidence of radicular complaints and has not demonstrated failure of medical management per the guideline criteria. Therefore the determination is not medically necessary.