

Case Number:	CM14-0043083		
Date Assigned:	06/30/2014	Date of Injury:	11/08/2013
Decision Date:	03/13/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female who reported an injury on 11/08/2013. She was directing traffic at an intersection, when a truck ran a red light, ignoring her hand signals, and struck the injured worker in the intersection. The clinical note dated 02/11/2014 noted the injured worker had complaints of pain to the left upper chest and penetrating to the posterior chest. Upon examination, the injured worker was in no acute distress. There were no rales or crackles. The physical examination was unremarkable. The diagnoses were suspected thyroid mass with primary T4 disorder, menopausal for 3 years, and psychological dysphagia. Prior therapy included medications. The provider recommended a diagnostic ultrasound of the right shoulder, a home interferential unit, psychological consultation, and neurological consultation. There was no rationale provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic ultrasound of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, diagnostic

Decision rationale: The request for 1 diagnostic ultrasound of the right shoulder is not medically necessary. The Official Disability Guidelines state that a diagnostic ultrasound is recommended, and a recent review suggests that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound can be equally used for detection of a full thickness rotator cuff tear. Although the injured worker has complaints of shoulder pain, a complete and adequate assessment of the injured worker's shoulder was not provided. There was no rationale given for the diagnostic ultrasound. As such, medical necessity has not been established.

1 home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for 1 home interferential unit is not medically necessary. The California MTUS Guidelines state that an interferential unit is not recommended as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, and they do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care were not provided. It is unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase a TENS unit. As such, medical necessity has not been established.

1 psychological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Chapter 6, page(s) 163

Decision rationale: The request for 1 psychological consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical

stability and permanent residual loss and/or the examinee's fitness to return to work. There is no clear rationale to support the need for a consultation. There is no information on how a consultation will aid the provider in an evolving treatment plan or goals. As such, medical necessity has not been established.

1 neurological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 171.

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) Chapter 6, page(s) 163

Decision rationale: The request for 1 neurological consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability and permanent residual loss and/or the examinee's fitness to return to work. There is no information on how a consultation will aid the provider in an evolving treatment plan or goals. There is no clear rationale to support the need for a consultation. As such, medical necessity has not been established.