

<b>Case Number:</b>	CM15-0190487		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 62-year-old who has filed a claim for chronic shoulder, elbow, and upper back pain reportedly associated with an industrial injury of October 1, 2013. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for an ultrasound of the piriformis, electrodiagnostic testing of the left upper extremity, and an ultrasound of the left shoulder. The claims administrator referenced a June 16, 2015 office visit in its determination. The claims administrator did approve electrodiagnostic testing of the right upper extremity, it was incidentally noted, along with an ultrasound of the brachial plexus. On said June 16, 2015 office visit, the applicant reported ongoing complaints of neck, right shoulder, right elbow, right wrist, and right gluteal pain, collectively scored at 8/10. Numbness about the right thigh and right arm were both reported. The applicant's past medical history is notable for dyslipidemia, hypertension, and diabetes, it was reported. The applicant exhibited tenderness about the first dorsal compartment and first CMC joint of the right hand, it was reported. Dysesthesias about the CHE-1 dermatome were also evident with positive right-sided Tinel and Phalen's signs about the wrist. Elbow epicondylar tenderness was reported. The applicant also exhibited thoracic periscapular tenderness and tenderness about the cervical paraspinal musculature. Pain about the piriformis and with flexion and extension of the lumbar spine was also reported. The applicant was given diagnoses of thoracic outlet syndrome versus adhesive capsulitis versus double crush syndrome versus elbow epicondylitis versus piriformis syndrome. Headaches and CMC joint arthritis were reported. A Doppler brachial plexus ultrasound evaluation, right shoulder ultrasound, piriformis ultrasound, and bilateral upper

extremity electrodiagnostic studies were ordered. The applicant was given a right piriformis trigger point injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultrasound Piriformis: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 337 Table 1. Summary of Recommendations for Diagnostic and Other Testing Diagnostic ultrasound for diagnosing LBP - Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the request for ultrasound testing of the piriformis region (i.e., low back region) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 304 notes that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the attending provider did not state how the proposed piriformis ultrasound would influence or alter the treatment plan. It was not stated how (or if) said piriformis ultrasound would influence or alter the treatment plan. The Third Edition ACOEM Guidelines further notes that diagnostic ultrasound, i.e., the imaging modality at issue, is deemed 'not recommended' for diagnosing low back pain. Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular imaging modality in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.

#### **EKG LUE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for electrodiagnostic testing of the left upper extremity was likewise not medically necessary, medically appropriate, or indicated here. The request in question did seemingly represent a request for electrodiagnostic testing of the left upper extremity, it was suggested by the attending provider on his June 16, 2015 office visit, by the claims administrator in its September 24, 2015 Utilization Review report and the by the applicant's attorney on his September 24, 2015 application, it was stated that he was appealing previously denied "electrodiagnostic studies-left upper extremity-quantity: 1." However, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing in the evaluation of the applicants without symptoms is deemed "not

recommended." Here, all of the applicant's paresthesias, dysesthesias, numbness, tingling, etc., were confined to the symptomatic right upper extremity, the treating provider reported on June 16, 2015, at which point he stated that the applicant's symptoms included complaints involving the "right neck, right shoulder, right elbow, and right wrist." The attending provider failed to furnish a clear or compelling rationale for pursuit of electrodiagnostic studies of the seemingly asymptomatic left upper extremity in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Ultrasound Right Shoulder: 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 Shoulder Complaints 2004, Section(s): Physical Examination, Summary.

**Decision rationale:** Similarly, the request for ultrasound testing of the right shoulder was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated on June 16, 2015 that the primary suspected diagnosis involving the shoulder was that of thoracic outlet syndrome. However, the MTUS Guideline in ACOEM Chapter 9, page 201 notes that tests for thoracic outlet syndrome (TOS) are of 'questionable value.' While the MTUS Guideline in ACOEM Chapter 9, page 212 notes, that confirmatory electrophysiologic testing and magnetic resonance angiography are 'advisable' before considering surgery in applicants with suspected thoracic outlet syndrome, the MTUS Guideline in ACOEM Chapter 9, page 212 does not seemingly establish a role for ultrasound testing in the evaluation and management of applicants with suspected thoracic outlet syndrome (TOS) as was seemingly present here. The attending provider, thus, failed to establish a clear or compelling rationale for pursuit of ultrasound testing for a suspected diagnosis, thoracic outlet syndrome, for which it is not explicitly recommended and/or deemed of questionable value, per the MTUS Guideline(s) in ACOEM Chapter 9, pages 212 and 201. Therefore, the request was not medically necessary.